AMERICAN MEDICAL TIMES

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Dr. Charles F. Taylor's Treatment,

BY LOCALIZED MOVEMENTS, of Spinal curvatures and Paralysis, and (as an auxiliary treatment) of most Chronic Diseases, embraces the following principles:—

1. LATERAL CURVATURE OF THE SPINE

Is caused by *unequal action* of the spinal muscles, generally (but not always) accompanied by muscular weakness. Sound sense and experience prove that supporters, by preventing muscular action, increase the weakness and aggravate the disorder; while gymnastics, acting on all muscles alike, can, at most, only benefit the general health, but cannot correct relative disproportions of muscular strength. A CURE would consist in such *regulated* action of the muscles as, in accordance with the anatomy of the body and peculiarity of the deformity, would expand the contracted muscles on the shrunken side, and contract the expanded muscles on the projecting side, and, by introducing a series of muscular actions *opposite* that which produced the deformity, would thus re-establish a uniform and harmonious action of antagonist muscles, when the deformity would disappear. (See cuts.)

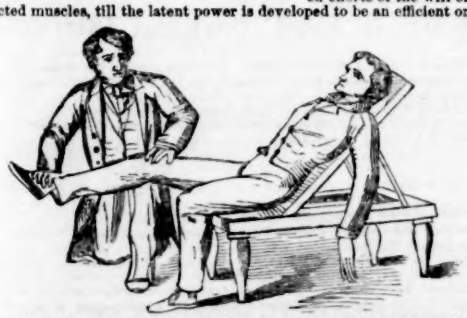
Sample movement for lateral curvature to the right—expanding contracted (left) side, unbending spine, and pressure on projecting (right) shoulder.

Sample movement for lateral curvature to the right—contracting the expanded (right) side, unbending spine, and pressure on projecting (right) shoulder.

2. PARALYSIS

Is produced by a suspension of the nervous stimulus to the muscles by some cause affecting the nervous centres. The shock may have passed off, or the clot in the brain may have become absorbed, and the paralysis may still, wholly or in part, remain, because it requires a special effort to re-establish the connexion of brain and muscles. In ordinary exercise, the *un*affected muscles perform the most of the action, while the paralyzed ones perform the least.

This process should be reversed, and the paralyzed muscles made to act while the unaffected parts are at rest. The nerves must be re-educated to perform their functions, by sustained, gentle, well-directed, and repeated efforts of the will on the affected muscles, till the latent power is developed to be an efficient one.



Sample movement for paralysis,—concentrating the *will* on the extensors of the leg, while the rest of the body is at rest.

3. ANGULAR CURVATURE OF THE SPINE

(Potr's disease) consists of actual disease of the bodies of the vertebræ, with loss of substance at the point of disease. The weakened *spine* needs support, but the *muscles* should not be confined.

An original instrument (see cut) is used, so constructed with several hinges which bend backward but not forward, that while the spine is supported and the diseased surfaces relieved from pressure, the muscles of the back are encouraged to act (instead of being prevented, as in all other instruments), and thus the muscles themselves are made the efficient part of the instrument acting over the curvature to reduce it. There is no confinement; it is very adjustable; the pressure is increased and diminished at pleasure, and it is worn with the greatest comfort. The importance of thus developing the spinal muscle, contiguous to the diseased point, cannot be overestimated, as results show.

"Spinal assistant" for *angular* curvature (Pott's disease), provided with hinges (*f, f, f, f, G, G*), which allow the spinal muscles to act.

4. THE TREATMENT

(which is based on the Swedish system of Ling), is purely scientific and physiological, and though it is not claimed to be applicable to every case, in many it is very clearly indicated; as, in dyspepsia and constipation, by acting on the stomach and bowels, to give tone to the digestive organs; in consumption, by expanding the chest, distributing the circulation, and increasing the aerating process; in diseases incident to women, by giving general vigor to the muscles, especially of the back, hips, and abdomen, relieving the downward tendency of the organs, and increasing the peripheric circulation, to relieve uterine and other internal congestions.

AND IN ALL CASES the treatment is done, not by the patient's unaided efforts, but by trained assistants, nicely adapting each movement to the strength and needs of each patient, precisely as prescribed by the physician to secure the desired local or general results. There is nothing like "rubbing," "gymnastics," or calisthenics" about it, patients are never fatigued, but from the first are very fond of it.

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CHARLES F. TAYLOR, M.D.,
29 COOPER INSTITUTE, NEW YORK.

References:

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" J. W. FRANCIS, | " B. F. BARKER,
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AMERICAN MEDICAL TIMES.

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In the early part of October next a Students' Number of the "American Medical Times" will be issued to the profession of the United States.

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STEPHEN SMITH, M.D.

Wade & Ford beg leave to call the attention of the faculty to the following notice of this Case of Instruments in the May number of the New York *Journal of Medicine*, page 427:

"A NEW AND COMPLETE CASE OF SURGICAL INSTRUMENTS.—The practitioner of surgery not unfrequently has need of an operating case which, in a compact form, embraces the instruments necessary for any and all operations. To the country practitioner especially would a case of instruments thus selected be a valuable acquisition. Such an operating case has recently been prepared by Messrs. Wade & Ford, 85 Fulton street, New York, under the direction of Dr. James R. Wood, combining in a single case of moderate dimensions, instruments and apparatus adapted to every emergency in which a surgeon can be placed."

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Original Lectures.

CLINICAL LECTURES ON AMPUTATION.

DELIVERED AT THE NEW YORK HOSPITAL.

BY

JOHN WATSON, M.D.,

ATTENDING SURGEON.

LECTURE III.

In our last lecture we took up the subject of operations for amputations, and went over some practical points which were worth remembering in that connexion. I now propose to give you a summary view of the various accidents and constitutional disturbances which are consequent upon such operations.

A patient who has had an operation performed upon him always has a certain amount of disturbance of the general system in consequence; in other words, he suffers from a shock which in character is the same as that following any other mechanical injury. The severity and duration of these disturbances vary in different individuals, but have reference more particularly to the character and extent of the operation. I make these remarks only in passing, but shall take another opportunity of referring to the subject of shock when we come to speak more particularly of disturbances of the nervous system. I intend in the present lecture to confine myself as far as possible to the consideration of all such accidents as are directly connected with the vascular system.

How will you commence to treat your patient now that you have operated upon him? He is suffering from general prostration, and you at once see the necessity of following out the indications, to bring about a healthy reaction. For this purpose you keep him at rest, allow him brandy, perhaps carb. ammonia, and give him a hot air bath by applying the heater. This treatment is continued until reaction comes on. Reaction is an effort on the part of Nature to make reparation for an injury; the skin becomes warm, the pulse steadier and fuller, and the patient expresses himself as feeling more comfortable. Now this condition of the system is very apt to become exaggerated, and not unfrequently we are called upon to modify it by appropriate measures, otherwise the result may be irritative or inflammatory fever. In such cases all stimulation is suspended, and we adopt another plan of treatment by administering mild diaphoretics, such as spts. Mindereri, or a moderate dose of Dover's powder, keeping the air fresh and cool, and the diet mild and spare. Inasmuch as this excess of action may have a direct relation to the condition of the parts operated upon, we are to guard against any excess of local inflammation. Accordingly, we make use of cooling applications, and the best is cold water. You will not unfrequently find it of service to combine alcohol with the water in the proportion of one to four. If the surrounding parts have been previously bruised, a drachm of the muriate of ammonia to a pint of water may be used instead, by way of stimulating the absorbents. Change your cloths on the affected part frequently, never allow them to become dry, by so doing you keep them clean and at the same time give comfort to your patient. The next step is to favor the position of the stump so that there is no greater afflux of blood to the part than is necessary to bring about reparative action. To this end you place the stump horizontally, being careful not to elevate it too much. A small cushion will raise it sufficiently.

If matter is allowed to gravitate towards the body serious constitutional trouble will follow. I recollect being called in consultation in the country to see a lady with a tumor in very close proximity to the knee-joint. An operation was decided upon, and I removed the mass. In my solicitude to prevent the fluid from gravitating into the joint, I directed the limb to be placed on a double inclined plane. In consequence of this the effused fluids burrowed beneath the vastus externus muscle, but gave no signs of their existence until ready to point over the trochanter major. By a change of the position of the limb, and proper application of dressings, and attention to the diffuse abscess which formed, the patient ultimately recovered with a good limb.

One of the most common accidents after operations is erysipelas; this is particularly the case in hospital practice. It may originate as a local or a constitutional ailment. It may be caused by a want of cleanliness in dressings, or in the wound itself, by preventing the escape of morbid effusions, or it may arise from a crowded state of the hospital ward, the patient being subjected to all the deleterious effects of a bad atmosphere. In short, anything that tends to a local derangement, or to impairment of the general health, may give rise to it. Experience has taught us that those patients whose beds are against the wall, or in the corners, are more apt to suffer than those who are placed differently, for the reason that the emanations from the body are allowed to stagnate, owing to the want of a proper circulation of air. Hence we never allow a bed to touch the wall. Erysipelas is preceded by a marked chill, a greater or less febrile action, a coated tongue and nausea, then a peculiar efflorescence makes its appearance.

The seat of the injury or amputation is generally the first part affected, but this is by no means the invariable rule. The disease may be very mild, merely confined to the surface of the skin, or it may extend deeper, involving the cellular tissue, tendons, fasciæ, or muscles. Sometimes it extends from the neck into the fauces, and gives rise to œdema of the glottis and other serious complications. In the simpler forms of the disease mild diaphoretics and aperients are all the treatment required; while on the other hand, where a typhoid condition of the system exists, you are called upon to give all the support and stimulation that your patient can bear. The gravity of the constitutional disturbance may be often measured by the color of the inflamed parts;—when the color is a light red, the attack is not so alarming as when it is of a deeper hue. In the worst cases the integuments fall into a state of gangrene, and finally slough, and so also may the muscles and deeper tissues. Erysipelas may also produce a bad effect locally, for instance in a stump; the destruction of tissue may be so great that reamputation is called for. Again, in the neighborhood of a joint, by the extension of the inflammation, it may cause suppuration of the joint and its consequences. The patient, you remember, who had been subjected, after amputation, to that objectionable novelty, acupressure, had, in consequence, suppuration in the track of each needle. This was followed by diffuse erysipelas, and by suppuration of the knee-joint. You remember I evacuated from that joint more than a pint of pus, and the patient ultimately sank from phlebitis and other constitutional disturbances resulting from this local difficulty. I have often in other cases seen erysipelas give rise to suppuration in the joints around which it happens to exist. The ankle, elbow, and wrist, are the joints most frequently attacked in this way; but, as in the case just mentioned, you see the knee is not exempt. Erysipelas also extends its influence to the internal organs. When on the scalp, the brain is apt to suffer; when on the chest, the pleura or pericardium; when on the abdomen, the peritoneum. I recollect a case in which it swept along the whole of the left side, from the clavicle to the groin; the patient died, and immediately under the external disease I discovered, after death, inflammation of the pericardium, pleura, and peritoneum, the limits of which were exactly measured by the limits of the external erysipelas.

Angeioleucitis, or inflammation of the absorbent vessels, is another accident of common occurrence after amputations, and frequently goes hand in hand with erysipelas. This modification of unhealthy inflammation may follow operations upon any part of the body, but is most frequent after

injuries of the hand and face, or those low down on either the upper or lower extremities. From such points lines of inflammation, as if produced by the stroke of a whip, extend in the course of the absorbent vessels, and in connexion with these lines will be observed hard and painful swellings, involving the lymphatic glands in the neighborhood. When small and movable these glands are characterized as kernels, or adenitic tumors; and when of greater dimensions, firmly fixed, and progressing to suppuration, they are at some points, as at the groin or axilla, spoken of as buboes. The constitutional disturbance attending this disease is, at first, that of a high inflammatory fever, but of temporary duration, ushered in by chills and rigors, and subsiding in profuse perspiration. Angeioleucitis is rarely of itself fatal, but by giving rise, as it sometimes does, to erysipelas or to suppurative phlebitis and purulent cachexia, it may be indirectly the cause of death.

We are naturally led from the consideration of angeioleucitis to take up the subject of suppurative phlebitis, as another one of the unpleasant occurrences that supervene upon an operation. The veins under healthy reparative inflammation become closed either by the coagulation of blood within them or by the effusions of coagulated lymph. But under unhealthy inflammation the plastic lymph is not effused, and the inflammatory action once established on the inner surface of these vessels, spreads indefinitely, and proceeds to suppuration. Their morbid effusions now mingle with the blood, or contaminate that fluid by imbibition, giving rise to a febrile and depraved condition of the whole system, with a tendency to form abscesses and sudden collections of pus in almost every part of the body, more particularly the lungs and liver. It is not uncommon to find both lungs studded with abscesses, varying in size from a pea to a horse-chestnut, or even larger, which form within a few days and rapidly lead to a fatal result. The slightest injury is sometimes sufficient to bring about this state of things. I have seen it after applying a ligature to an inflamed pile, and on several occasions after tying or dividing varicose veins, and several times after tying the femoral artery where the femoral vein happened to be abraded. The symptoms of purulent cachexia are easily recognised; there is a febrile action coming on at irregular intervals, daily, or perhaps two or three times in a day; and not unfrequently while the skin is hot, the patient may be shaking with rigor. The fever is irregular in every respect. Generally the first thing that calls your attention to the dangerous condition of your patient, is the occurrence of a chill. This is always a significant symptom, but it is so more especially when you have any reason to suspect the advent of purulent cachexia. You then watch your patient. In a day or two, possibly in less time, you have some indication of the presence of matter in some part of the economy. Purulent cachexia, otherwise called purulent infection and pyæmia, is always rapid in its progress when once developed, but it does not always make its appearance in the early stage of the local disease which gives rise to it.

When reaction exceeds the bounds of health, it is very apt to terminate in fever. Traumatic fever may assume almost any type: the open inflammatory, the ephemeral, the irritative, the suppurative, the continued, the irregularly intermittent, and the paroxysmal. In association with the reparative inflammation it will assume the continued form, though even here it is sometimes paroxysmal. When the inflammation is unhealthy the fever is more apt to be paroxysmal and irregular, with a tendency to the rapid exhaustion of the vital forces. The severity, as well as the type and duration of the fever, is somewhat dependent on that of the inflammatory action with which it is associated. Unhealthy inflammation is sometimes the precursor and sometimes the consequence of constitutional disturbance, but the fever associated with healthy inflammation is almost always determined by the local ailment alone, unless secondary complications supervene; and when there are no such complications, it terminates before the subsidence of the local disease. An injury of moderate severity in a healthy constitution will be attended by the open continued form of fever; an injury of severer grade, where the powers of resistance on the part of the system are less, will be followed by the irritative or by the typhoid fever. Injuries associated with profuse suppuration will be followed with irregular paroxysmal attacks, and intercurrent chills and sweats. Ephemeral fever is that most frequently seen in connexion with injuries of the urethra, consisting of chills, hot stage, and sweating, and then passing off never to return, except when the circumstances giving rise to it are again present. It is often met with after the introduction of a catheter or bougie into a urethra already in a state of irritation. So much then for traumatic fever. When persons die after high constitutional disturbance from local injuries, you are almost always sure to find in the post-mortem examination, that secondary inflammations and congestions have led directly to the fatal issue. These are most frequently found among the thoracic viscera, but not exclusively there; the peritoneal cavity, the mucous surface of the large intestines, and even the synovial sacs under these circumstances may be found in a state of suppuration. Indeed, it is rare to find a case of death after local injury where reaction has followed the injury, in which some of these complications do not exist. The closing scene is often marked by a colliquative diarrhœa.

Having thus disposed of those disturbances which are more particularly connected with the vascular system, we are now ready to occupy the remainder of our time in the consideration of those accidents which relate to the nervous system. We shall only allude at present to the disease known as "lockjaw," or tetanus. This disease is occasionally quite frequent in its occurrence, but is by no means so fatal in its issue as many suppose. It may come on at a longer or shorter interval after any accident or local injury, and does not seem to bear any relation to the character or extent of the injury; the slightest scratch is oftentimes a sufficient exciting cause. In certain localities there is found a marked tendency to its development, for instance on the southern shore of Long Island. It is frequently associated with cold, and persons who are in any way liable to the disease, should be warned of the danger that might result from any imprudent exposure. Tetanus may supervene after a wound has entirely healed over, by irritation of the cicatrix, and may go on to a fatal termination. Death sometimes takes place, 1st, suddenly from asphyxia, either by spasm of the glottis or respiratory muscles generally; 2dly, by invasion of the involuntary muscular system acting directly upon the centre of the circulation, and stopping the pulsations of the heart; and, 3dly, by a gradual exhaustion of the vital powers from the frequent spasms. I only wish to refer to the disease as one of the complications liable to occur after operation, trusting that you will look it up for yourselves in the various text-books on surgery. In the next lecture I hope to finish up all I have to say in a general way upon the subject of amputations.

Iodine, according to M. Boinet, preserves, cures, strengthens, and modifies the constitution, removes diathesis, and impresses a new energy in the organism. Iodine, according to M. Rilliet, weakens, deteriorates, wastes, destroys, atrophies, and kills!

Last year M. Beau discovered that lead was an excellent remedy for phthisis. M. Broeckx, of Antwerp, has tried the mineral extensively, and has found it worse than useless!

M. Chatin lately informed the French Academy, *à-propos* of iodine, that Coindet had by its use reduced so many women to the condition of Amazons, and had brought such a number of men into the state described by M. Ricord under the term "haricocele," that he dared not show himself in the streets of Geneva, through dread of suffering the martyrdom of St. Stephen.—*Brit. Med. Jour.*

Original Communications.

REPORT ON PLEURO-PNEUMONIA.

By G. Grant, M.D., Newark, N. J.

It is admitted by all who believe and advocate the existence of a *contagious* pleuro-pneumonia, the recent cause of so much excitement, that it originated in a shipment of cattle by Mr. Chenery of Belmont, Mass. It appears that those cattle were taken from a herd in Holland, in which there was no disease. There was none in the district, and none in the whole country, except a disease called "phthisis;" but there is no evidence to show that this is the same disease called incorrectly by another name. It was absent from that locality, and it is a fact that large numbers of cattle are imported to the United States without bringing any such disease at all.* The animals were well, in good condition, and it is fair to presume that one of the points in their selection was their health and vigor. These facts appear in the letter from Mr. Chenery, which is subjoined. During a voyage of forty-seven days the animals confined in close air (probably in the hold of the ship) with insufficient or unwholesome nourishment, or both, laboring in filth with fatigue and distress, were exposed to the conditions of a true typhus, in other words, ship fever. Mr. Chenery is so well satisfied that his animals' bad condition, "bruised and emaciated," was due to bad treatment and neglect on the voyage that he libels the vessel. Of these four cows, one was killed immediately, another was killed nine days after arrival, the third twenty-seven days after arrival, and the fourth is now living in good condition. From these animals it is alleged has sprung the disease which has prevailed throughout the state of Massachusetts. In the presence here of all the conditions of true typhus fever occurring from its natural and ordinary causes, filth and animal miasm, with the susceptibility from distress and bad treatment, and the entire absence of any identified contagious disease from which it had its origin, I do not think that this disease, called pleuro-pneumonia, can be considered as a specific or contagious disease, at least as yet, from the observations that have been made. The post-mortem specimens, shown to me at the Boston State House, were similar to what is observed in the human subject in cases of typhus pneumonia. The testimony of several of the veterinary surgeons of Boston, as given before the legislative committee of Massachusetts on this subject, and repeated before this commission, was to the effect that the post-mortem appearances of these cases were such as are commonly seen by them in subjects not affected by this alleged disease. There was uniformity in the testimony in this respect. In all the investigations that have been made, and the observations that have been taken by those residing in the locality of the disease, the facts are noted only that refer to the few animals that have been imported, and those that have been placed in contact with them. In this inquiry, all facts, though a multitude in number, that do not bear out this prejudged theory of a deadly contagious scourge, are ignored or overlooked. And it is remarkable that the notes thus made are few in number, and the observations unsatisfactory and contradictory.

After the most careful inquiry, nothing would lead us to believe that the cases which are alleged to have occurred in the state of New Jersey are anything but isolated sporadic disease of the lungs, which may occur among cattle at all times and seasons, and especially among those who have not good food, air, running water, and good pastures. In times of popular panic all widely spread epidemics are believed by the populace at large to be contagious. This has been the case in regard to cholera in modern times, in regard to leprosy in old times, in regard to certain pestilential fevers at various times. And the public have acted upon this persuasion, and sick individuals have been avoided, neglected, and fled from, as prolific fountains of contagious disease.* And yet these epidemics are now known and admitted, by the intelligent part of the medical profession, to be non-contagious. Would it not be well, before yielding to the excitement, and adopting any of the suggestions which have prevailed in Massachusetts, to submit this matter to a more painstaking and rigid examination?

All of which is respectfully submitted.

Letter of Mr. Chenery referred to above.

Boston, Aug. 11, 1860.

Dr. G. Grant, Newark, N. J.

Dear Sir—Your esteemed favor of the 7th inst. is received, and I take pleasure in answering your inquiries.

On the 24th of last January, I addressed a letter to my correspondents in Holland, in relation to the disease that had been so fatal amongst the cattle at my "Highland Stock Farm" in Belmont, inquiring whether the disease known as "pleuro-pneumonia" had prevailed in the particular locality where the four cows to which you refer were obtained. In due course I received an answer to that communication, stating that *no* disease had prevailed in the particular stables where my cows were procured, but that there was existing throughout the whole country a disease known as "phthisis," a "pulmonary disease," with which cattle, when infected, suffer a long time before it is observable. This disease is undoubtedly the same as that denominated here "pleuro-pneumonia." The four cows were not affected at all prior to shipment, but were to all appearance *in the very best condition* when put on board the ship at Rotterdam. They were obtained at Pumerend and the Beemster, in the north of Holland, and great care was taken in their selection. It may, however, be remarked that the cows were detained some two weeks at Rotterdam, having arrived there before the vessel was ready, and the presumption is that the infection was communicated to them there, inasmuch as large numbers of cattle are understood to be kept there, and fed upon the slops from the gin distilleries located at that place.

You have the report of the evidence given before the joint committee of our Legislature at the late extra session, and I am not in possession of any new facts of importance in relation to the disease, that have not been made public. I will, however, allude to one important case that may have escaped your notice. It will be remembered that, during the session of our Legislature, great excitement existed in the state of New Hampshire, caused by the report that a yoke of oxen, belonging to me, had imparted the disease to a herd in the neighboring town of Lexington, and that it had been carried thence to that state. The Lexington cows, that were supposed to have taken the disease from my oxen, were slaughtered by order of the commissioners, a short time ago, and found, on post-mortem examination, to be perfectly well, thus demonstrating that all the reports relative to diseased animals slaughtered in that state were entirely without foundation.

As regards my own herd, I would say that not a case of active disease has occurred at my farm since last January. An injunction was put upon my herd on the 16th of last April, by the "commissioners for extirpating the cattle disease," and consequently, the cattle have since that time been confined to the stables—yet they have, without exception, improved in appearance up to this time, and, within a few days have been examined by "eminent veterinarians," and all but three pronounced free from disease; and yet * it is a remarkable fact that this whole herd, excepting three animals, were, on the 16th of last April, considered, by our commissioners and their "experts," very much diseased. If their diagnosis was correct at that time, nature must have been performing wonderful cures, as no doctors have been employed nor medicine administered since.

* See report of evidence before extra session Mass. Legislature, 1860.

* Dr. Bigelow of Boston.

The commissioners disposed of my herd last week by isolating ten of the animals (including the best of my Dutch stock, which they allowed me to retain), and the balance of the herd they condemned, but retained for the present in anticipation of the organization of the Medical Board of Examiners, under our new law, supposing some of the animals would be required for their experiments.

Those persons most competent to judge in the matter, seem divided in opinion as to the future of the disease here, in Massachusetts, some believing that many of the exposed animals have latent disease, which will become active during the cold weather of the coming autumn, while others hold to the opinion that the disease has had its "run."

I am, very respectfully, yours,

WINTHROP W. CHENERY.

[Our readers will observe that neither Dr. Grant's Report nor Mr. Chenery's Letter states any facts that disprove the hypothesis of special infection, or the importation of a contagious disease from Holland. That the malady which recently attracted attention in New Jersey was simple idiopathic or sporadic pleuro-pneumonia, such as is liable to occur under like circumstances at any time and in any place, appears very probable. Pulmonary and typhus affections are liable to occur both sporadically and endemically among cattle, as well as in the human race, without the aid of contagion. And we have no doubt that cases of acute pleuro-pneumonia and infectious idiopathic typhus may at this moment be found in almost every overcrowded distillery stable in the United States. But it should be borne in mind that the epizootic which in Holland is known as "phthisis," and in France, England, South Africa, and other countries is denominated "pleuro-pneumonia," is essentially different from the ordinary "peripneumonia" and typhus of cattle. And the question of its contagious or infectious character, wherever the malady has existed, certainly appears to be as conclusively determined as the facts relating to the infectious propagation of typhus in man. Both are manifestly specific diseases, and capable of being propagated from and by the sick—types of diseases that are positively infectious, but which, like all the infectious and contagious maladies, *except variola*, are not necessarily and invariably communicated to a majority of the individuals exposed—the propagation of the disease from the sick always being dependent upon contingencies. Our readers will note the straightforward statements of Mr. Chenery in reference to the conditions or *contingencies* that served to develop the fatal malady in his imported herd. Epizootic "phthisis" was prevailing throughout Holland, as he states in his letter to Dr. Grant, and, as he justly believes, that disease was developed in his imported stock by peculiar endemial influences and exciting causes during a long delay in Rotterdam and a protracted sea-voyage to Boston. The fact that only a portion of any particular herd is usually attacked with this disease, does not militate against the hypothesis of its being a positive infection. A few years ago this subject was submitted to a satisfactory test by the French Scientific Commission on "Epizootic peripneumonia." Forty-six cattle in perfect health were brought into immediate contact with a few members of a sick herd. Of this number, fifteen contracted the disease; ten others manifested incipient symptoms, but speedily threw off the effects of the virus; twenty-one appeared entirely unaffected by the exposure; three of the susceptible class eventually died with the disease, and presented its pathological evidences.

Eighteen of those that escaped death in the first exposure, were subjected to a second and a third exposure, and these escaped as follows:—four experienced slight indisposition, nine were uninfluenced in all the exposures from the first; and the five individuals that had suffered at first remained entirely unaffected by subsequent exposures. And as the result of all the experimental observations of that learned Commission, the following instructive facts were clearly established:—that forty-five out of one hundred animals, when voluntarily exposed, were found to contract peripneumonia; twenty-four others experienced some indisposition; and thirty-two escaped altogether.

That special endemial influences or an "epidemic meteoration" has at times preceded or promoted the propagation of this epizootic is highly probable; but that the disease has repeatedly been conveyed from place to place by the sick, and especially that it was imported from Holland into England, Denmark, and South Africa, as well as into the United States, there appears to be abundant and conclusive evidence. For information in detail upon this subject we would refer our readers to the excellent report of Dr. E. H. Greenhow, of London, and to the Minutes of Evidence, recently published in Boston. But in all investigations relating to evidence of infection or contagion, the medical inquirer needs to take individual conclusions and opinions *cum grano salis*, and should search very rigidly into the natural history of alleged infections, and the proximate and contingent conditions or causes of their propagation. We are glad to see that Dr. Grant has commenced his investigations in this spirit.

As our present convictions lead us to differ from the doctor's conclusions we will state a few points of difference —in the form of queries to be answered:—Why have the most unprejudiced and scientific investigators in France, Great Britain, and Denmark, arrived at the conclusion that this malady is contingently infectious? Why has the complete insulation of a healthy herd invariably been found to afford perfect protection from the pleuro-pneumonia when prevailing in the neighborhood of such herds? Why has that disease spread so uniformly and so exclusively in connexion with the diffusion of cattle from the herds in endemic districts? Why is the peculiar and characteristic lesion of encysted masses of the lungs never seen except in the pleuro-pneumonia that is alleged to be infectious?—ED.]

THE principal use which the Chinese make of opium is to smoke it with tobacco, when it produces a languor said to be exceedingly pleasing. The evil effects of this have been generally very greatly exaggerated. It is only its abuse, as with many of the good things of this world, that leads to the complete attenuation of frame and prostration of faculties that are said to characterize all who follow the practice. Hundreds of thousands of Chinese continue to smoke opium for the term of their natural lives without any apparent injury to mind or body. In the smoking saloons of Canton, opium is retailed to customers at its weight in silver; the metal is put in one scale and the drug in the other, and weight for weight exchanged. It will therefore be apparent that, in a country where money is of so much value, it is only the richer portion of the population who have the means to carry such an expensive luxury to excess. There is no room to doubt that if the government of India abandoned the opium monopoly and allowed the drug to be produced freely all over Hindostan, the Chinese consumption would thereby be greatly increased, as well as the injurious effects which it is said to occasion.—*Merchants' Magazine.*

Reports of Hospitals.

PENNSYLVANIA HOSPITAL.

Clinical Remarks on Coup de Soleil.

[By J. F. Meigs, M.D., Attending Physician.]

This affection is variously known by the names of *Ictus Solis*, sun stroke, heat asphyxia. *Symptoms.*—It is characterized by a hot dry skin; a sense of constriction of the chest with labored breathing, great prostration, with inability to answer questions without weeping, even in the strongest and most robust; tumultuous action of the heart, with strong pulsation of the carotids; pulse very variable, never full and hard; headache, especially on the top of the head; the conjunctiva injected; pupils acting to the light, unless during convulsions or coma, when they are fixed and contracted (in several instances they have been observed to dilate suddenly, after having been fixed and contracted); the countenance is generally pale at the commencement, but in several instances (fatal cases) it assumed a leaden hue; the urine is never entirely suppressed, but is passed off involuntarily, guttatim; the bowels are generally costive, but occasionally are perfectly natural. There is also a great desire to sleep; so much so, that if not checked, it passes into coma, which almost invariably terminates in death. During the coma, loud moaning is always present. Death ensues instantly, or from coma. Sometimes the patient is seized with maniacal symptoms; at others, he laughs unnaturally, then becomes alarmed and excited if spoken to, and any attempt at deglutition brings on convulsions.

Post-mortem Examination.—The chief abnormal appearance is an excess of venous blood in the brain and congestion of the lungs and liver. Dr. Boisliniere, Coroner of St. Louis, in a report of seventy-two cases examined by him and published in the Medical and Surgical Journal of that city, says, the necropsies revealed the following conditions:

External Appearances.—Marked lividity of the skin; neck and anterior part of chest became soon of a purple or blue color; in a few hours the abdomen was quite tympanitic, an abundant froth came out of the mouth and nostrils, resembling thick lather, mixed sometimes with a little blood. By pressing upon the chest, blood could be made to flow freely from the mouth and nostrils. The lungs and heart were in every case seen to be more or less congested; the right side of the heart and the pulmonary artery generally contained black and liquid blood; left side empty; on section, the lungs were found to contain an abundant quantity of frothy mucus, mixed with more or less arterialized blood. By moderate pressure on the chest, as above observed, this bloody froth could be made to run out freely from the mouth and nostrils. So characteristic was this appearance, that from its presence alone, many post-mortem examinations towards the end of the summer were dispensed with, the jury, after a short explanation, being able to make a satisfactory verdict of death by sun-stroke. The brain was generally found normal; in a few cases only, there was moderate congestion of the superior cerebral veins and of the sinuses. This, the author accounts for, by the difficulty the blood found in returning from the thoracic organs, already full of venous blood. The liver and spleen were, as a rule, enlarged; the latter particularly, softened. Dr. B. regards as the cause of this affection, a hot and rarified atmosphere, want of oxygen; as he says, the disease occurs in the house as well as when exposed to the sun. Hence he concluded that rarified, or poorly oxygenated air, is the "*conditio sine quâ non*" of sun-stroke.

Treatment.—The chief point is to arouse the nervous system, which is best accomplished by pouring cold water from a height over the head and the nape of the neck, and dashing it over the face and chest as long as there is any tendency to coma or sleep. Sometimes, the patient may be roused by speaking to him and shaking him, if necessary. When he can swallow, brandy and ammonia may be administered liberally. The Indian surgeons give croton oil and calomel to act on the liver and move the bowels. At this institution, the turpentine injection is given. For the weight and distress at the scrobiculus cordis, the best means will be the rubbing of turpentine for some time over the chest and stomach, with sinapisms to the legs and stimulating enemata. The after treatment consists in the employment of good nourishment and stimulants, as arrowroot, beef tea, wine, brandy, and ammonia; cold to the head, blisters to the nucha, and acting on the liver and the bowels. The patient is not to be considered out of danger until his skin has become cool and moist. Venesection has been found almost, if not always, injurious and fatal by the Indian surgeons. Cupping to the back of the neck, when external nervous congestion is marked, has sometimes been thought useful. But two cases had occurred this summer at the hospital, one of which was fatal in fifteen minutes, and presented all the appearances as mentioned by Dr. B. The other case was a young man, aged 20, very healthy, brought in August 11th, and had perfectly recovered by the 13th. The day previous, he had had a slight diarrhœa. While engaged at work on the roof of a house, his eyes became dim, he felt very weak, and fell into a state of insensibility. He was given immediately upon his admission ℞ Spt. Vini Gall., Aquæ *aa* f℥ss., Ammonii Aromat ʒj. M. Half of this, every fifteen minutes. Along with this, an enema of turpentine f℥ss. Saponis ℥j., Aquæ Oj. was given, and sinapisms were applied to the epigastrium. He rallied very speedily, and was discharged cured on the 15th.

BELLEVUE HOSPITAL.

Pulmonary Fistula.

Ellen Murray, 35 years of age; no hereditary tendencies; has generally enjoyed very good health prior to her admission to the Hospital on the 15th of June, 1858, for continued fever. She continued in the Hospital until August 28, when she was delivered of a healthy boy after a very easy labor of only eight hours' duration. Two weeks after her confinement she took cold, which was followed by an attack of pleuritis, for which the usual treatment was employed. The case did not progress well. Paracentesis thoracis was performed, and there continued to be a discharge from the opening for three months. Patient took her discharge on the 15th of May, 1859, with directions to use the best food she could obtain, and avoid exposure. At the time of her discharge from the Hospital there had been no discharge from the pleural cavity for two months, the opening having entirely healed. August 21.—Patient was readmitted to the surgical wards of the Hospital with the left breast swollen to nearly four times its normal size; it was red, tender, and had a distinct fluctuation. As she had not nursed her child, and had received no blow upon the breast, this swelling was decided to be an abscess. She had the appearance of a person in the last stage of phthisis; coarse crepitus was heard over the whole of the left lung. On opening the abscess bubbles of air passed out with the pus. August 23.—The expectoration, which had been profuse, had almost entirely ceased, and the discharge flowed from the opening in the breast. On pressure the air can be felt crackling under the finger, in the same manner as in the emphysema following a fracture of the rib. On coughing, little bubbles of air pass out from the opening which has been made in the breast. It continued open, and the pus discharged freely, patient often turning on the diseased side to favor the discharge, till Oct. 2, when the opening closed. Immediately the patient commenced expectorating, filling in the course of the day a pint cup with the characteristic sputa of phthisis; previous to the closure of this opening she had not more than one or two sputa daily. Her treatment has been tonic and sustaining. The patient continued

expectorating in this profuse manner for three days, when the pulmonary fistula re-established itself, and the expectoration ceased. Oct. 15.—Patient very feeble; ordered ℥ ss. ol. morrhuæ in ℥ ss. tr. cinchonæ co. It was found that the patient, under this treatment, was able to take and retain cod liver oil, and the dose was soon increased, so that she took ℥ ss. three times a day with the tr. cinchona co. The opening would often close, and the patient would then expectorate, but when it again opened the expectoration would cease. She left the Hospital in very good health, the following note of her case being made at the time:—"She still has a cough without expectoration, cannot undergo any very great exertion; for the last month has complained a good deal of pain over anterior portion of left chest, with much tenderness on pressure. This has not been relieved by blisters. Her general health is very good; has gained much flesh within two months; left side of thorax is much contracted, the shoulder falling considerably, while the right is rather bulging, giving well marked deformity to her person; no respiratory motion over left chest; no vocal fremitus except at the apex, at the inner part, anteriorly and posteriorly; perfect flatness except at the apex; right lung unusually resonant; no respiratory movement under left lung except under axillæ; the heart's apex is rather nearer the median line than normal, but strikes about the sixth intercostal space; respiration in the right lung perfectly normal." Patient now menstruated the first time for two years.

Puerperal Fever successfully treated by the Use of Infusion of Digitalis as the arterial sedative, alternated occasionally with Tr. Veratrum Viride.

[Reported by Alex. Hadden, M.D., House Physician.]

Case I. Eliza T——s, aged 25, primipara, confined July 28, 1860, at 11 o'clock A.M.; labor was easy, natural, and of short duration; no complications; convalescence progressed normally till August 3. At this time she was seized with chills, followed by fever, pain in the hypogastric region, very much increased on pressure, or a long inspiration. Bowels were regular; were moved freely by a large enema on the development of the above symptoms. *August* 4.—Her lochia continued, but of very offensive character; tympanitis had become extreme; pulse very frequent and quick; respiration hurried; sibilant râles could be heard over the anterior portion of chest; had also a teasing short cough; vomited the characteristic matter; expression of countenance anxious; diagnosis, puerperal fever. Admitted to the fever ward August 3, 1 A.M. Pulse 108, had been reduced in frequency by several doses of tr. verat. viride; pain had been lulled to some extent by sol. morph. Respiration unaffected, very hurried; skin dry and feverish; tongue large and furred. This case was placed upon use, infus. digitalis, occasionally alternated by the tr. verat. viride, by the approval of Dr. I. E. Taylor, visiting physician.

The rules observed in these cases in the use of veratrum viride and digitalis, sulph. morph. and quinia, were those given by Dr. Fordyce Barker, of this city. We aimed to reduce the pulse no lower than 60, nor permitted it to rise above 80, without endeavoring to prevent it. Morphia was given with a view to quiet pain effectually. Sulph. quinia was given when the surface of the body was cool and moist, pulse within the above range, even if under the influence of a sedative. Dr. Barker considers the quinia, given in large doses, under the above circumstances, in puerperal fever, as not only tonic but sedative in effects. I have verified the observation in many cases treated under my charge, and have, moreover, observed that the effects are more lasting. The infus. digitalis was substituted for the verat. viride because of the certainty of its action, in my hands, in cases of a different character, and without the unpleasant consequences that attend the administration of verat. viride to the same extent. I have known the pulse to be reduced to 50 and 44 without vertigo, or vomiting, or any unpleasant results. Physical prostration is likewise a

Date and Hour.	Pulse.	Respiration.	Infus. of Digit.	Sulph. Morph.	Tr. Verat. Viride.	
				Gr.	Gtt.	
Aug. 4, 11 A.M.	126			½	v.	Pain; tympanitis; vomiting; respiration hurried and labored; pulse quick and full; skin hot and dry; tongue large and furred; cough teasing.
Aug. 5, 1 A.M.	108			⅓	v.	Ordered the vagina to be syringed out every five hours with one part of Labarraque's solution to twenty of tepid water until the discharge ceased.
3 A.M.	108			⅓	v.	
7 "	104		℥ i.			No pain; tympanitis very considerable; nausea; perspiring freely.
9 A.M.	96			⅓		
12 M.	96	18	℥ ss.	⅓		No marked change during the last three hours; very comfortable.
1 P.M.	96	18	℥ ss.	⅙		
2 "	84	10				Pulse strong, wiry; thirst extreme; cough continues.
3 "	96	11	℥ ss.			Perspiring copiously.
5 "	78	14				
7 "	72	14		⅙		
10 "	72	18				
12 "	72	12		⅙		
Aug. 6, 1 A.M.	72	18				
7 "	76	18	℥ ii.			Nothing occurred during the previous six hours of importance; beef tea was administered every two or three hours; slept very comfortably; respiration easy; tympanitis not so great.
10½ A.M.	66					
2 P.M.	73	15				Dr. Taylor visited the patient.
3 "	90	18		⅙		Has had slight rigor; pulse quick; skin hot and dry. Has severe pain in the head; ordered sweet spts. nitre ℥ ss. every two hours until fever subsides.
6 P.M.	103	30		⅙	vi.	Respiration hurried, thoracic; skin moist; increased soreness over the abdomen.
7 P.M.	96	14				
9 "	96	14			vi.	Severe pain in the head. Ordered cold affusion to head.
10½ "	106	22				
11½ "	95	18				Pain of head relieved.
Aug. 7, 3 A.M.	78	18			iii.	Pulse regular, of good quality; has no pain.
6½ "	72					Skin moist; feels very comfortable.
8½ "	66	20				
9½ "				⅙		
11 "	84				iv.	
12½ P.M.	72					Headache returned.
2½ "	84			⅙	iv.	
4 "	90				iv.	
7 "	87	18	℥ ss.			
9 "	86	24				
10 "	86	26				
11 "	78				iii.	
Aug. 8, 2½ A.M.	75	21	℥ ii.	⅓		Complains of pain in both head and abdomen.
5 A.M.	68	19				Does not look so well.
6 "	64					
8 "	66	19				
9 "	60					
10 "	63					Pulse regular; sleeping quietly; skin moist.
11 "	65					
1 P.M.	96		℥ ss.	⅓		Skin hot and dry; has had slight chilly feeling; pain and soreness over the abdomen returned.
2½ P.M.	114				vi.	Sweet spts. nitre; skin is becoming moist.
3½ "	108			⅓		
6½ "	90		℥ ii.			
9 "	90					
10 "	86			¼		Sleeping; has no severe pain in abdomen, but sleep is not refreshing.
Aug. 9, 4½ A.M.	78					Skin moist; respiration no longer noticed; morphia used only with a view to quiet pain; perspires; skin cool. Ordered—S. S. quinia (gr. x.) ℥ ss. to be given at 5 A.M., and the same repeated at 9 A.M., if rigor or fever did not take place.

Date and Hour.	Pulse.	Respiration.	Infus. of Digit.	Sulph. Morph.	Tr. Verat. Viride.	
				Gr.	Gtt.	
Aug. 9, 11 A.M.	72					Skin cool, moist; miasmatic element suspected as a complication from the periodical return and previous history.
2½ P.M.	72					
6 "	90			⅓		Skin again feverish; pulse quicker; has no pain; sweet spts. nitre ʒ ss. every two hours.
7½ P.M.	100			⅓		Feverish and delirious.
10 "	96					
12 "	84					Pulse weak; skin moist. Ordered brandy ʒ ss. in punch.
Aug. 10, 5½ A.M.	72					
7 "						S. S. quinia (gr. x.) ʒ ss.
9 "	60					
11 "	56					
1 P.M.	54					Has no pain in any part; is bathed in perspiration.
6 "				⅓		Was seized with a chill and severe pain in the right iliac region during the last hour.
9 P.M.	108		ʒ ss.	⅓		Skin feverish; pain still severe, extending to epigastrium.
Aug. 11, 2 A.M.	99				iv.	
4 "	96				vi.	
8½ "	84					
12½ M.	72					
4 P.M.	60					Pulse feeble, soft; skin cool, moist. Brandy in punch ʒ ss. every two hours. S. S. quinia (gr. x.) ʒ ss.
7 P.M.	66					
11 "	72					Sleeping. Brandy discontinued as well as the beef tea and milk; the articles of diet causing sleep.
Aug. 12, 9 A.M.	66					Tympanitis has mostly passed away; has had a free passage from the bowels; copious secretion of urine; skin moist, and surface cool and pallid. Pain still lingered in the right *iliac fossa*, but not severe. At this time she was ordered emplast. vesicat. 4 by 4 over the seat of pain; denuded surface sprinkled with morph. gr. ⅓ if pain continues.
Aug. 14.						No change in the internal remedies; no symptoms of importance have been observed; still very weak; placed on quinia and iron every six hours, gr. i. of the first, and gr. ii. of the latter. Pulse has ranged from 60 to 70 per minute; brandy continued every four hours.
Aug. 17.						Treatment mostly suspended; discharged a few weeks after entirely cured.

symptom of overdose verat. viride. Its effects are also more lasting when produced. The administration of both in the manner above shown, was attended with pleasant results, and very little of either sedative was required to keep the pulse under control. This case was very severe, and prognosis very unfavorable at first.

JOURNALS FOR SEPTEMBER.

American Journal of Pharmacy.—September.

Art. I. *On some points of chemical theory, on the Ammonia and Ammonium-basis, and on the National Pharmacopœia*, by Franklin Bache, M.D.—The author indulges in some curious speculations respecting the equivalent numbers, then introduces the doctrine of chemical substitution, taking ammonium as an example; and gradually withdrawing its equivalents of hydrogen, and replacing them with certain compound radicals, he follows it through a long series of substitution compounds. He also glances at the numerous contributions made by chemistry, both in a medical and dietetic point of view, and also at the beautiful chemical relations subsisting between plants and animals, the vital processes of the one being the liberation, and those occurring in the other the absorption of oxygen. He then mentions the importance of organic chemistry to the medical man, and the advantages derived from a uniform national pharmacopœia. Art. II. *Iodide of Propylamine*, by Benjamin J. Crew.—Reports received from Europe concerning the remedial powers of propylamine and its chloride in the treatment of rheumatism, suggested to the writer that it might be used in the form of an iodide in those diseases in which iodine has hitherto been successfully employed. By the aid of heat it readily combines with iodine, forming a colorless solution, emitting the odor of each of the two substances. It is decomposed by acids. It is alkaline to test paper, but gives the acid reaction upon exposure. The following formula is suggested for its employment. ℞ Iodide of propylamine, 25 drops; peppermint water, 6 oz.; sugar, 2 dr. Dose, a table-spoonful every two hours, the patient receiving one-sixteenth of a grain of iodine at a dose. Art. III. *Note on Fluid Extract of Wild Cherry Bark*, by William Proctor, Jr.—Containing the formula, with some hints in regard to manipulations of interest to the pharmaceutist. Art. IV. *Analysis of Milk*, by John M. Maisch.—The author examined a specimen of milk obtained from a farmer as "pure and fresh country milk." It was found to be deficient in caseine and butter, while the lactometer showed it to be about one half water. It was free from both chalk and magnesia. Art. V. *On the Impurities of Commercial Zinc*, by Charles W. Eliot and Frank H. Storer.—The impurities were found to consist chiefly of metallic lead, and the authors believe that the other impurities found by previous observers are accidental, or occur in minute quantities. None except the specimen from New Jersey gave the slightest evidence of the presence of copper. In the specimens examined for iron the proportion of that metal rarely exceeded two-tenths of one per cent. They are of the opinion that arsenic is far less common than is generally supposed, the general opinion of its presence being due in a great measure to the impurity of sulphuric and chlorohydric acids used in the process for its detection. This opinion is founded upon experiments made with different specimens of acid upon the same metal, no deposit being obtained when the acids had been previously purified, the result being different when commercial acid was used. The purest zinc they analysed was that manufactured at the Pennsylvania and Lehigh Zinc Works, at Bethlehem, Pennsylvania. Art. VI. *Tartro-citric Lemonade (Liquor Sodæ Tartras)*, by Prof. J. Lawrence Smith.—This preparation is proposed by the author as a substitute for citrate of magnesia. He claims for it certain advantages over the citrate, such as being more uniform in its composition and action, less likely to undergo decomposition after the bottle is opened, more agreeable to the taste, and less costly. The following is the formula:—Sal soda, 21 lbs. 14 oz. avoirdupois; tartaric acid, 15 lbs. avoirdupois; white sugar, 24 lbs. avoirdupois; water to make 25 gallons. It is then put into strong twelve-ounce bottles, and thirty-five grains of bicarbonate of soda added to each bottle. Art. VII. *California Beer, or Yeast Plant*, by The Editor.—This is thought to be identical with the common yeast plant; he calls for some information concerning its history. Art. VIII. *Hypophosphite of Quinia*, by Prof. J. Lawrence Smith, of Louisville, in which the writer gives the formula, and the manner in which it is manufactured at the Louisville Chemical Works. Art. IX.—Letter to the editor on the botanical source of the Balsam of Peru, by Daniel Hanburg, F.L.S. Art. X. *On Red Precipitate Ointment*, by F. A. Kefter.—The writer says that this ointment may be made to keep for a great length of time if prepared with the oleum ricini instead of lard. The formula is:—℞ Olei ricini ʒ iiiss; ceræ albæ ʒ ss; hydr. oxidi rubri ʒ ss. Melt the wax and oil with a gentle heat, and when cool rub in the red precipitate previously reduced to a fine powder.

American Medical Times.

SATURDAY, SEPTEMBER 22, 1860.

QUARANTINE: WHAT IT IS, AND WHAT IT SHOULD BE.

QUARANTINE is so often mentioned as "an institution of the Dark Ages," it might be inferred that there exists no scientific or reasonable basis for regulations in the nature of quarantine restrictions. Though state legislatures and international conventions have dignified such regulations with all the sanctions of statutory law, the fact is known and admitted that the responsibility of advising and procuring their enactment has rested primarily with the medical profession. In our own country the great names of Hosack, Francis, Bayley, Lining, Vaché, and Dickson, have successfully lent their influence in support of stringent Quarantine regulations; and in Europe the high authority of such physicians as Meade, Chisholm, Arejula, Fellows, Bally, and Pym, perpetuates a deferential regard for those Quarantine laws that were originally framed to suit the peculiar theories of those distinguished men. While at the present time it must be observed that the classical writings of Copland, Francis, and Dickson, and the firm assurance and official authority of the venerable Sir Wm. Pym, the British Superintendent-General of Quarantine, and of Dr. M'William, the Chief Physician to Her Majesty's Customs, continue in a masterly manner to support the theory of Quarantine restrictions.

But while it is admitted that medical opinion and medical names of high authority have been primarily responsible for the nature and general application of Quarantine laws in civilized countries, we have abounding evidence of the fact that in most American ports, and especially in the port of New York, all that is evil, inconsistent, or insufficient in our provisions and regulations of Quarantine, arises, not from any just interpretation of medical opinions, or from a strict application of medical facts, but mainly from the influence and agency of partisan political interests that would recklessly subsidize every department of the public service to mercenary and selfish ends. Therefore in the efforts required to secure practical improvements in our Quarantine laws it must be borne in mind that partisan and selfish interests—not medical opinions and scientific facts—oppose the reforms which commerce and the public convenience demand. Let it also be borne in mind that, practically, the vexed questions of contagion and infection, and all the nice distinctions of definition upon which "doctors differ," ought really to have little influence in determining the nature and applications of Quarantine regulations. The external sanitary regulations of cities, whether in the nature of Quarantine restrictions, or otherwise, should embrace, first, a system of *rules* and *means* for insuring thorough *cleanliness*, ventilation, or disinfection, in reference to every exotic source of contamination and disease; second, suitable means for insuring the proper hygienic supervision and care of every disease that might not safely be intrusted to the care of the department of internal health in each city. All well informed physicians admit the fact that the propagating cause of any malady which is capable of being reproduced or propagated by the bodies of the sick, as in the exanthemata, or from a primary terrestrial and atmospheric infection, as in the case of yellow fever, is liable to be localized or rendered peculiarly active by certain contingent conditions which it is the proper duty of sanitary laws to prevent or remove. Thus it is conceded that both the proximate causes and the localizing or determining conditions of pestilential infection should be effectually restricted in their action, so far as such causes and conditions are subject to human control. The *external* sanitary defences necessary for this purpose, constitute the only provisions and restrictions that can ever be reasonably required in the nature of Quarantine. And no argument is needed to show that if *external* restrictions, and special provisions in the nature of Quarantine, are required for insuring the protection of the public health in commercial cities, there likewise exist still weightier reasons for correspondingly efficient *internal* regulations for the preservation of such cities from the domestic and localizing conditions of insalubrity; for there are many diseases that in themselves are not essentially contagious or necessarily communicable, which may become both infectious and epidemic by means of the localizing agency of domiciliary and municipal filth, personal uncleanliness, or the mephitic air of overcrowded and unventilated ships.

A distinguished medical authority, writing sixty years ago of the system of Quarantine adapted to the Atlantic ports, justly remarked that "Quarantine should be essentially and mainly a system of *cleanliness*." Experience and observation in all maritime cities have corroborated that statement, and have at the same time demonstrated the importance of a more philosophical study and truer comprehension of the contingent and localizing conditions concerned in the propagation of infectious and transportable diseases. With the single exception of those few maladies whose propagation depends solely upon atmospheric or cosmic agencies, every specific disease is found to depend upon certain contingent conditions which are far more susceptible of analysis, definition, and control, than the proximate cause or specific virus of such diseases. For example, we are able to understand and control with great certainty the contingent conditions that are required to propagate typhus; but the exact nature of the typhus poison may for ever elude analysis, and it will always demand a vigilant surveillance from sanitary officers, so long as it is liable to meet with the contingent conditions required for its endemic propagation. It is true that there is one fearful malady, yellow fever, which may not always be readily controlled by artificial means, inasmuch as its propagation depends upon natural causes over which man can exercise but a limited control, except it be exotic: yet there is good reason to believe that thorough drainage, cleanliness, and ventilation, will eventually eradicate that pestilential scourge even from its tropical habitats. Until that desirable result is attained, some restrictions and regulations in the nature of Quarantine, against the importation of yellow fever, will be required in all ports that have a continuous summer temperature of from 75° to 90° Fahr., and which hold commercial communication with infected places, by speedy transit through regions of a similar high temperature.

As it is designed by these remarks to show what Quarantine is, and what it should be, we will at this point lay

down the following propositions as the basis of statements and suggestions we would make upon this subject:

1. The external sanitary defences of cities should provide ample means for controlling all sources of exotic infection; but, unless the public safety demands, should not exclude persons from the privileges and freedom enjoyed by citizens of such cities.

2. The principal duty of Quarantine officers should be to enforce laws relating to the cleanliness of vessels and passengers, and to control all the imported or exotic causes of infection. And the main provisions of a Quarantine establishment should be made with special reference to the speedy and thorough inspection, cleansing, and disinfection of all transportable causes of pestilential contamination.

3. The external sanitary regulations should be in perfect harmony with, and should constitute a part of the general sanitary system of the city they are designed to protect.

4. Laws and regulations in the nature of Quarantine should be so framed and administered as not *unnecessarily* to embarrass commercial transactions or restrict the liberty of persons; therefore, while State laws should determine the principles of Quarantine administration, and should also prescribe the proper prophylactic requirements at ports of departure, etc., the details of the regulations—their variation, suspension, enforcement, and special application, should be committed to a competent board of health, who should be amenable to the highest authorities of State for the proper execution of the trust.

In respect to the first of the foregoing propositions, it may justly be asserted that no existing system of Quarantine defences has provided the proper means for controlling the imported causes of infectious diseases. And none of our American cities are so utterly destitute of the essential means for controlling the actual sources of exotic infection as the port of New York, and we know of no other Quarantine system that is so liable to gross abuses and impositions. American laws relating to Quarantine mainly prescribe the detention and delay of vessels and passengers at a distant anchorage, but provide no rational or reliable means for expeditious purification. The existing regulations are burdensome to commerce. Both merchants and travellers often and justly complain that Quarantine regulations interfere unnecessarily with their rights and interests, without any adequate public advantage; while the best medical authorities declare, "that no existing system of Quarantine can be esteemed correct in theory, or as calculated to secure beneficial results in practice." But confronting this testimony, which was uttered by a disinterested committee of the National Quarantine Convention, we have the volunteered assertion of a recent incumbent of the Health Office, that "the New York Quarantine system is perfect, its laws and regulations not requiring the crossing of a *t*, or the dotting of an *i*." For the peculiar purposes to which that notorious official applied the system it was certainly too well adapted; and if its discretionary powers are not at present applied to all the ills that flesh is heir to, and to ships and cargoes that need no quarantine restraints, it is simply because Dr. GUNN is an honest health officer, and finds it as conducive to the public welfare, as it is congenial to his principles and habits of personal and professional integrity, to throw no unnecessary restrictions in the way of the commerce and travel of this port. Indeed it is now being demonstrated, at this great entrepôt of commerce, how safely all the restrictions of Quarantine, excepting only, those incident to faithful inspection, may be dispensed with during healthy years and cool summers. The duties of *inspection* are now performed with the greatest promptness and fidelity, but if the sickness of former years were to revisit our shipping, the health officer would find himself sorely embarrassed, and the public health would be seriously jeoparded; for typhus poison, and the pent up pestilence of yellow fever, when accumulated at the same time in scores of infected vessels, would find neither shelter nor warehouses and docks at the Quarantine station. Providence mercifully withholds the occasion for better provisions to protect from imported diseases, but true wisdom dictates the duty of providing such means for protection, as will at once guard the sanitary and the commercial interests of New York from the disasters which would inevitably result from the introduction and spread of those exotic infections to which this great entrepôt of the world's commerce is so peculiarly exposed.

For nearly four years past the State Commissioners for the Removal of the Quarantine Station have been endeavoring to find *how* and *whither* the Station is to be removed; and from the first the legislative provisions for that important commission have been just sufficient to compel them to leave the great object of their appointment unattained and untouched; while, in making temporary provisions for the sick, the State has been compelled to expend upwards of one hundred thousand dollars. But, up to the present hour, no provisions have been made for enabling the health officer to discharge his duty. There is not a dock, nor a warehouse, nor even a floating hulk, at the service of his responsible department, for enforcing cleanliness and purification. A floating hospital has done good service, and seems destined to aid in securing a radical reform of many misconceptions and abuses; but the hospital ship is available only for the care of yellow fever patients and their clothing —and for that it serves its purpose admirably.

It now appears to be plainly the duty of the Legislature to institute proper measures for providing quarantine docks and warehouses, and also for properly distributing the sick that may not be entitled to care in the Floating Hospital. But let not the former cumbrous and faulty system be re-established. The manner in which the old system terminated, and the sentiment of all classes of citizens since the conflagration of the old establishment, furnish impressive evidence that Thompsonian specifics against pestilence are not desired by the people. The demand now is for a system that will afford true protection without unnecessary restrictions, and without temptations to imposition and abuse. Science and commerce unite in this demand.

The fact having been admitted in the counsels of four successive National Conventions, that all existing systems of Quarantine are insufficient, inappropriate, and needlessly burdensome, it is to be hoped that the necessity which now demands a reformatory re-organization of the External Sanitary Defences of the principal city of the Western Continent will secure the adoption of a system that will serve as a model for other commercial cities. And let the fact be borne in mind by the medical profession, that in the present age of progress and enterprise, no system of Quarantine will be tolerated which places prohibitory or needlessly burdensome restrictions on commerce and travel. Even for protection against the importation of Yellow Fever, our profession must devise better and more certain

means than an embargo on commerce, like that which has been advocated by some of our brethren in Charleston. With deep interest we have watched the progress of the plans for improvement which have for four years been maturing in the councils of the National Sanitary and Quarantine Convention, and we now feel prepared to advocate and endorse the propositions of the final Report upon a Quarantine Code as adopted at the recent session of the Convention in Boston.

The relations of that Code and its plan of operation in connexion with the improvement of municipal sanitary government generally, as suggested in the third and fourth propositions of this article, will be considered in a future number. And in all our remarks on this subject, we desire to impress the fact, that upon the medical profession rests the responsibility of proposing and ensuring the much-needed improvement of both the External and Internal Sanitary Defences of towns and cities.

THE WEEK.

The American Pharmaceutical Association, in the spirit of true lovers of science and faithful promoters of human welfare, have just closed an eventful session in this city. The members of that body have left an abiding impression of the importance and magnitude of the work that called the Association into existence; and, not least among the influences exerted by them, is that of dignified, unselfish, and ennobling fraternity between their own and the medical profession. The spirit and labors of their committees, and the elevating sentiments of such gentlemen as Messrs. Colcord, Squibb, Coggeshall, and Parrish, cannot fail to produce perennial fruits of purity, dignity, honor, philanthropy, and good will, in the important profession to which those excellent men belong. Many of the reports of committees, as well as the voluntary papers presented, are, like those of former years, full of practical interest and value. We hail the works and the spirit of this Association as an omen of a better day, when the exact value and use of the materia medica and pharmaceutic art will be properly and popularly understood; and when it will not be repeated from high places, that "if the whole materia medica, as *now used* (and *now prepared*) could be sunk to the bottom of the sea, it would be all the better for mankind, and all the worse for the fishes." While we see pharmaciens thus striving to give the greatest possible purity and reliability to the *armamentarium medicorum*, it becomes us, as the skilled engineers who are to use the weapons thus skilfully forged for our use against disease, so to teach, and so to practise, as to encourage and permit only the most conservative use of drugs. It is against disease, and for the preservation of life, that legitimate medicine wages its warfare.

The Board of Regents of the Michigan University have just issued their Annual Report. It is principally occupied with a detail of its management during the past year; but some interesting facts relating to the medical department may be gleaned. We need scarcely state that the University of Michigan is in every respect a State institution, being governed by a Board elected by the people, and the teachers, receiving regular salaries, have no voice in its government. It has three Departments—Medicine, Law, and Science, Literature and the Arts; the total number of students being 519. In the Department of Medicine there are nine teachers and 164 students, of whom 19 were graduated. In discussing the character of the University, and its future career, the Regents entertain the most liberal and elevated views. They say:

"As a University, our great mission is to promote the cultivation of science to the widest extent and in the most thorough manner, in all our departments. We are not to receive our standard from institutions where the pecuniary considerations involved in a large number of students determine the course of instruction. Nor in any department are we to sacrifice the interests of learning, the honor of the University, and the public good, to private considerations. In filling vacant chairs, we are to seek for the best men. In inquiring what improvements can be made, we are to keep steadily in view the real purposes for which the University has been established and endowed. Our three departments may thus be developed more and more on a genuine and solid basis; and in the end we shall reap our reward. The history of all institutions of learning, both abroad and at home, proves most conclusively this great truth, that those institutions which have drawn together the most eminent men as professors, and have pursued the most thorough methods of instruction, have acquired the widest and most enduring reputation, and have been frequented by the largest numbers.

* * * "We have laid a fair foundation in Michigan; we have reached a development which encourages further efforts. What a distinction we should achieve if, on the wave of this public sentiment, we were to lead the way, and, first of all the institutions of our country, reach the elevation of a true University!"

We are especially gratified to find a body of laymen, controlling the destinies of a young and vigorous institution of learning, putting forward such rational opinions of the medical profession as follow:

"An illiterate clergyman, by his practical acquaintance with the simple gospel, may be a minister of mercy to the poor, and may even instruct the wise. In law, amid various grades of practice, there may be some which do not require high talent or extensive learning. But in the medical profession there are no grades that admit of ignorance and unskilfulness. No profession demands such a wide range of science and such consummate skill, and every practitioner here meets with the same cases and is subject to the same demands upon his knowledge, his art, and his experience. * * * Sciolists in medicine are more dangerous than in any other profession, for all physicians deal with the same subjects, and in their practice may invade life instead of merely affecting modes of faith and worship or endangering property."

The following just reflections upon our medical schools we cannot forbear quoting;—

"Most of the medical schools, although incorporated, are of the nature of private enterprises. Some, perhaps, are undertaken to aid the private practice of the professors. Others certainly prove very profitable in a pecuniary way. Their influence has been rather to lower than to elevate the standard of medical attainment, and to introduce into the profession, under the most honorable title of Doctor of Medicine, many ignorant and incompetent men. A low standard of professional attainment, thus created in our country, forms a formidable obstacle to all attempts to elevate the schools. . . . . As yet in our country our medical schools have been very much of the same character; and the experiment remains to be fully tried of placing a school of a lofty standard in competition with the ordinary schools. Our own medical school has made some worthy improvements, and surely, as far as the experiment has gone, has no reason for discouragement."

The regular term of study in the medical department is now six months, but the Regents are already considering the propriety of following out the recommendations of the Committee on Medical Education of the American Medical Association, and extending the term to nine months.

Reviews.

TRANSACTIONS OF THE MEDICAL AND PHYSICAL SOCIETY OF BOMBAY. No IV. New Series. For the years 1857 and 1858. Bombay: 1859. pp. 313.

THE transactions of this Society form an interesting series of volumes on the diseases of India. They have also added much to our knowledge of the physical sciences of that remote region, its flora and fauna. The present number contains a large number of papers on the topography of different districts, and reports upon the diseases of the British troops at their general stations. There are also several interesting surgical papers scattered through the volume. Dr. Ballingall reports several cases of elephantiasis of the scrotum treated successfully by excision of the diseased skin; a case of perineal section, and a case of femoral aneurism successfully treated by pressure. Two reports on coup-de-soleil present some facts and suggestions worthy the attention of army surgeons. In one regiment, averaging 417 men, 89 cases of sunstroke occurred, of which 26 died. The causes of these attacks are thus stated by the committee of investigation:

"Excessive heat, especially if conjoined with a dry state of atmosphere; direct exposure to the sun, particularly if conjoined with laborious duties, or attended by fatigue and exhaustion caused by previous exertion; insufficient sleep or natural rest, especially if for any prolonged period, or combined with inordinate labor; duties under circumstances involving undue exposure to the sun, as for example—parades at too late an hour in the morning or at too early an hour in the afternoon. To these may be added—crowding men in tents or barracks—want of water and reasonable comforts—together with excesses of any kind—as well as any cause, mental or bodily, which tends to depress or exhaust the nervous energies of the system."

Dr. Simpson, surgeon to the regiment, gives the following detail of symptoms:

"The following symptoms were invariably present:—an intensely hot, dry skin, which lasted till even after death in those that died within twelve or sixteen hours; a sense of constriction of the chest and labored breathing, with a feeling of a heavy weight just below the ensiform cartilage. Great prostration of strength, accompanied very frequently with inability to answer questions without weeping (the strongest and most robust were not exempt from these symptoms); a tumultuous action of the heart, with strong pulsation of the carotids; pulse varied much, but was never full and hard; headache referred more particularly to the summit of the head, conjunctivæ injected, pupils acted to the stimulus of light, unless during convulsions, or during the stage of coma, when they were fixed and contracted. In several instances, however, they became suddenly dilated for a few minutes, after being fixed and contracted to a point. Countenance generally pale at the commencement, but in those cases of a severe character, or that had a fatal termination, it assumed a leaden hue; the urine was never entirely suppressed, but it passed off involuntarily drop by drop; bowels were generally costive, though several cases occurred the bowels being quite natural in every respect. There was also a great desire to sleep, so much so that if not checked at first, it passed into coma, which almost invariably terminated in death. Loud moaning during the stage of coma was also invariably present. Death either occurred from convulsions, most frequently of an epileptic character, or from coma. The symptoms, however, varied according to the severity of the attack, and the constitution or temperament of the patient. Death sometimes occurred almost instantaneously. One man just before arriving in camp at Banda (the regiment did not arrive on the encamping ground this day, 12th May, till after noon, and the thermometer was 120° Fah. in the tents), after a march of over 20 miles, fell down in the ranks, uttered a shriek, and expired in a few minutes. A man at Koonch, before the engagement with the rebels took place, fell asleep for a short time during a halt that occurred (the sun being fully two hours above the horizon), and on being roused up answered questions with difficulty, and he had lost the use of his limbs. Others again were seized with maniacal symptoms: a man at Calpee made a rush at the Hospital Bheestie and tore the mussuck from him, and on remonstrating with him I remarked he was quite deranged in his mind. After getting some water to drink (which he swallowed in a painfully ravenous manner), and having a quantity poured over his head and body from a height, he became quiet, and shed tears abundantly. Others again smiled and laughed (unnaturally) at one time, and at another became excited and alarmed, if spoken to, and any attempt at deglutition brought on convulsions. In short, some of the cases presented symptoms of apoplexy, some of epilepsy, mania, and hysteria. The disease under consideration, when of a severe character, more closely resembles apoplexy or epilepsy (which often merges into apoplexy) than any other disease I am acquainted with. In many of the cases that came under my care, genuine epileptic convulsions ensued, lasting from six to ten minutes, with intervals of variable duration of perfect consciousness and rest. During the stage of coma the pupils were fixed and contracted, and the conjunctivæ injected, and there was loud moaning till a few minutes previous to dissolution taking place, which last symptom, however, I have never heard in pure cases of apoplexy that have come under my observation."

The post-mortem appearances showed congestions of the brain, liver, and lungs. The treatment pursued aimed to arouse the nervous system by dashing cold water over the face and chest, mustard cataplasms, stimulating enemata, brandy, ammonia, etc.

Another surgeon, J. F. Straker, reports a similar treatment as far the most successful:

"The moment a patient came in, he was stripped, and the contents of a mussuck of water poured over his head and chest, especially the latter, from as great a height as possible, great care being taken that the water did not get into the mouth, for the epiglottis was not usually in a very active state. The first effect of this was to start and rouse the patient, next to diminish the intense heat of skin, and gradually to stop the bounding arterial throb. Generally the force of the circulation was so rapidly checked, that not even the contents of one mussuck could be borne, and the douche had to be stopped; hence the necessity of a most careful observation of the pulse the whole time; the douche had to be repeated, however, very soon, for the heat and throbbing quickly recommence and spread, and would gradually recover their former pitch, if not checked from time to time. The legs were kept immersed during the same period in the hottest bearable water, and, at the earliest opportunity, fifteen grains of calomel and one or two drops of croton oil placed on the back of the tongue. In one very bad case the douche had to be kept up, uninterruptedly, for several hours, the man having been brought in late, and when I arrived to see him was quite insensible and breathing stertorously. I observed that on the first dash of the water he gave a start, but again relapsed. This I believe is a favorable prognostic symptom, for I had the satisfaction of seeing the man recover; he was ill, however, with great tendency to head symptoms for a long time."

The appendix contains reports of a number of interesting cases, among which we notice a case of successful excision of the knee-joint.

THE PRINCIPLES AND PRACTICE OF MODERN SURGERY. By ROBERT DRUITT. A new and revised American, from the eighth and improved London edition. With four hundred and thirty-two illustrations. Philadelphia: Blanchard & Lea. 1860. pp. 695.

As a handbook of practical surgery, this work has from its first issue enjoyed a remarkable popularity with the general practitioner and medical student. It embraces all the well established facts in surgical science, with concise but definite rules for their application to practice. The successive editions have been judiciously revised, and enlarged by such additional facts as scientific research has developed. The present edition contains all the more recently established principles in the practice of surgery, and as a whole presents a fair record of the present state of surgical science and art.

ON THE THEORY AND PRACTICE OF MIDWIFERY. By FLEETWOOD CHURCHILL, M.D., with additions by D. Francis Condie, M.D. With one hundred and ninety-four illustrations. A new American, from the fourth corrected and enlarged English edition. Philadelphia: Blanchard & Lea. 1860. pp. 655.

THIS edition gives evidence of a searching revision by the author, and now appears as one of our most complete and reliable manuals on practical obstetrics. The work is enlarged by the addition of the author's essays on "Obstetric Morality" and "Qualifications and Duties of the Monthly Nurse."

Progress of Medical Science.

INFANTILE PATHOLOGY AND THERAPEUTICS.

BY A. JACOBI, M.D.

On Spinal Infantile Paralysis (Spinale Kinderlähmung). By JACOB V. HEINE. (*Zweite Auflage. Mit* 14 *Tafeln. Stuttgart,* 1860. pp. 204.)—Dr. Heine's book on Spinal Infantile Paralysis ("essential paralysis") is, properly speaking, another edition of the same author's "Observations on Paralytic Affections of the Lower Extremities and their Treatment," published in 1840; but the number of cases reported, and the increase in observations and pathological investigations, is such as to justify both the change of the title, and the altered appearance of the work in general. It is but justice to the celebrated writer who is universally acknowledged as principal authority on the subject of infantile paralysis, to commence by giving his views as fully and concisely as our space will admit.

Essential or infantile paralysis runs its course in two stages, the first of which is sudden in its appearance. It has generally a very mild character, the child showing some symptoms of slight fever in the evening, and being paralysed when taken up in the morning; sometimes, however, it is more serious, the fever being high, congestion and general irritation, and symptoms of difficult dentition, being present. The child is restless, will cry in paroxysms, the eyes are half open during sleep; there is sometimes vomiting, diarrhœa, and the symptoms of rheumatic fever; in a very few cases the first symptoms of an acute exanthema, and in some even convulsions, the attacks of which will sometimes return. After this the child is quiet, fatigued, and paralysed. Paralysis mostly affects the lower extremities, sometimes an upper one at the same time; frequently one lower extremity only, without any affection of the arms; in some cases paralysis is of so local a nature as to affect single muscles only. The urinary bladder and rectum are sometimes debilitated, but never paralysed for a longer period.

The second stage is that of paralysis. Turgor vitalis is diminished, skin and muscles are flabby. Sensation little or not at all affected. Paralysis of the trunk and arm disappears gradually, debility of the back only remaining and leading to paralytic scoliosis. If the two lower extremities are affected, one will, in the course of time, recover its mobility; sometimes only a number of muscles of the leg and foot remain paralysed, this result being probably brought on by the resorption of exudations. This partial recovery, however, will cease to go on after four or eight weeks. Then temperature, fat, and muscles diminish, the bones decrease in length and thickness. The muscles will undergo shortening, retraction setting in first in the tendo Achillis, and producing gradual contraction, and lastly deformities, in consequence of repeated attempts at locomotion. Lateral curvatures of the spinal column are frequent. The skin assumes a bluish tint; frostbites and ulcerations are the consequence of the diminished power of circulation. Bowels often move slowly and insufficiently; menstruation is not affected, and was even observed by Dr. H. in a girl twelve years old. Mental and sensory functions are never affected; the diseases of infantile age, and others too, are easily overcome: and not unfrequently patients will reach an advanced age: there is on record the case of a man who arrived at the age of forty-nine years.

The diagnosis from cerebral affection is not very difficult. Wherever there are any cerebral symptoms in the beginning, they will readily disappear in this paralysis. Contraction is never observed in the commencement, the limbs are perfectly paralytic, and paralysis takes place at the same time in all the affected parts; it has a tendency gradually to diminish, but not to progress. Both arms are never affected at the same time, nor are the arm and leg of the same side; but always either both legs, or one leg, or one arm. Affection of the trunk is not unfrequent, and produces paralytic scoliosis; in such cases the motory nerves of the lumbar and sacral plexuses of either side, and those which ascend on either side of the spinal cord, are affected. This affection is unilateral in hemiplegia. Where one arm only is paralysed (a rare occurrence), the affection has its seat in the brachial plexus of the same side; in these cases generally all the muscles are affected. Cases of transverse paralysis are very rare indeed. Sensation is hardly affected, except in the very commencement, and then, too, but slightly. There is no pain in the secondary period.

The decrease is greater than in spastic cerebral hemiplegia or paralytic kyphosis; it diminishes from the centre to the periphery, and has been observed to be as low as sixty-three and a half degrees. Motion, nervous influence, and circulation are certainly diminished, and thus the diminution of temperature is readily explained. Arteries and veins have been found smaller, and to such a degree this diminution in size and lumen may extend, that Hutin has a case in which a number of smaller bloodvessels had entirely disappeared.

The diagnosis from wasting palsy (*atrophie musculaire progressive,* Cruveilhier) is given by the fact, that in wasting palsy atrophy is the primary injury of which paralysis is the natural consequence, whereas in infantile paralysis the palsy is primary, being brought on by diminution of both nervous influence and circulation of the blood.

Deformities, in the course of infantile paralysis, do not take place except after a lapse of two or three years, and after repeated attempts at locomotion; whereas, in cerebral and spastic hemiplegia, strong contractions of the healthy muscles set in from the commencement, with subsequent deformities. These are: 1. Pes equinus, from contraction of the tendo Achillis; 2. Pes varus, from contraction of the tendo Achillis, with contemporaneous paralysis of the peronei; 3. Pes valgus, from contraction of the tendo

Achillis, with paralysis of the tibialis anticus and posticus; 4. Pes calcaneus, from paralysis of the tendo Achillis, etc.; 5. Contractions of the knee and hip joints, from paralysis of the extensor muscles. In the kind of pes varus alluded to, the deformity is the consequence of the paralysis of some single muscles which have lost the power of reacting on galvanic influence (always unaltered in cerebral and spastic contraction); further, the ligaments of the ankle-joint are very loose and flabby, to such an extent that the foot is very apt to turn upwards or downwards; whereas congenital pes varus never shows this abnormity. It must, however, not be forgotten that all the deformities may be found occasionally in one individual. Wherever the paralysis affects an upper extremity, it is generally complete; thus contractions and consecutive deformities are out of the question. The paralysed arm, however, is apt to increase in length from hanging downwards. Nevertheless, the arm has been found shortened by one to two inches, the lower extremity by two to six inches, the bones sharing throughout the fate of the soft parts; even the patella has been diminished in size one-third. All the epiphyses, protuberances, and the pelvis, take part in the general lack of development. This fact coincides with the experiments of Prof. Schiff, of Berne, Switzerland, showing that the bones become atrophied, in dogs, after the nerves have been cut; the ligaments become loose and flaccid.

There is a large amount of calcareous matter contained in the urine at the time when the muscles undergo a rapid process of atrophy. Dr. H. declares to have no personal knowledge of this fact, as he did not examine the urine at the proper time.

The number of cases of infantile paralysis recorded by Dr. H. amounts to 192. Of these, 158 were such as he comprehends under the name of spinal infantile paralysis. Of these were cases of Paraplegia, 37—males, 17; females, 20. Hemiplegia, 34—males, 18; females, 16. Partial paralysis, 84—males, 44; females, 40. Paralysis of one arm was observed in two cases; it was very intense, not complicated with paralysis of the lower extremities, and resisted every attempt at a cure. Paralytic lordosis was observed in one case. The etiology of infantile paralysis is best shown, in Dr. H.'s opinion, by the time in which the majority of cases occur, viz. the second and third half year. In this period the nervous system undergoes a considerable development, and therefore a great tendency to alterations readily explained. Dentition, acute and chronic exanthems, hyperæmic affections, congestion and irritation, meningitis, exudative processes, are mostly observed about this time. Frequently just such children are affected as show the most prominent symptoms of perfect health and a good constitution. The main symptoms of the first stage of the disease are fever; high temperature; tendency to fright; convulsions; dentition; and sometimes a pain along or on some part of the vertebral column. The feverish and exudative character of the malady is further shown by the fact, that a partial recovery may take place in the commencement of the trouble, which will cease to go on at a later period.

Dr. H. has seen some cases of rheumatic paralysis which could be mistaken for infantile paralysis; but they are very rare. After the paralysis has become the only symptom of the disease, viz. in the second stage, the diagnosis from cerebral affection is given by a number of secondary symptoms:—1. Entire integrity of the cerebral functions. 2. Entire absence of galvanic irritability in the paralysed limb. 3. Paralysis follows immediately on the general and local morbid symptoms of the first onset. 4. Paralysis is frequently observed in both of the lower extremities, and localized in them; hemiplegia being frequently but the remainder of paraplegia. 5. Paralysis is of a very intense nature. The subsequent curvature of the spine has a decidedly paralytic character. 6. Atrophy and decrease of temperature is more remarkable than in paralysis following on cerebral affections. Prof. Budge has found both symptoms remarkably strong in animals after he cut their spines. 7. Paralysis of one arm, which has sometimes been observed with similar symptoms, was proved by post-mortem examinations to be brought on, not by cerebral affection, but by a hyperæmic condition of the very part of the spine from which the brachial plexus takes its origin. 8. Local paralysis, with entire loss of the power of standing, has always and universally been ascribed to a disease of the spine. Infantile paralysis, as such, Dr. H. declares to be incurable. At all events, this fact would prove a great difference from paralysis excited by peripheric causes.

A merely superficial examination shows that the seat of the alteration must be deep and central. The grey substance of the spine is very hyperæmic even under normal circumstances. Thus it is no wonder that partial lesions should be frequent. A lesion of the spine as a whole is very rare; but Prof. Schiff has proved by experiments that complete paralysis may follow on the alteration of a limited part of the medullary substance. Generally a lesion of the right side of the spine will produce a paralysis of the right limb, and vice versâ. Sensation may be unaffected, a circular pain being felt only in cases of mere compression of the spine by dilatation of the blood-vessels and exudation, or by diseases of the meninges. Sensation may be unaltered, without even this circular pain, in cases where the anterior lateral parts of the spine are diseased. It will be totally lost, but the function of touching kept, in diseases of the anterior parts and the whole of the grey substance. Paralysis may be partial in cases with slight and very limited affections of the spine.

As infantile paralysis has no tendency in itself to terminate fatally, there are naturally but a few post-mortem examinations on record. A very general result was atrophy of the limbs, especially of the muscles, and their degeneration into adipose, or in one case, cellular tissue. Nerves and arteries require a longer time and have less tendency to become atrophied, but they have been found so. Even the grey substance of the spine is sometimes greatly diminished in volume.

The treatment has to differ according to the stage. As to the first stage, treatment comes generally too late; wherever it is timely, antiphlogistic measures are to be resorted to. Leeches and cold applied to head and spine; flying vesicatories to the spine, particularly over the region of the brachial and lumbar plexuses; lancing of the gums, if necessary; and calomel, in the beginning in large, and later in smaller doses. In the second stage, the entire or partial recovery (the former being exceedingly rare) depends on the nature of the case: on the amount of moving power remaining; on the duration of the disease; the degree of atrophy; the age of the patient, and his perseverance in following up the requisites of a rational cure. The indications are these:—1. To bring on resorption of the extravasation or exudation; compressing the spine; flying vesicatories, or croton oil applied locally; iodide of potassium and cod-liver oil internally; and salt baths. 2. To remove the paralysis symptomatically: Administration of nux vomica, two daily doses of one-sixteenth to one-sixth grains of strychnia (at the same time one-fourth of a grain endermatically), until electric movements of the limbs are produced, and again after these symptoms have subsided. Embrocation of alcoholic remedies; caustic ammonia; mustard; sea baths. In scrofulous individuals, sea baths, iodide of iron, cod-liver oil, nutritious diet. 3. To remove the muscular atrophy: Stimulant baths; salt baths; animal baths; frictions; gymnastic exercise; local faradization after Duchenne's method. 4. To prevent deformities or to remove contractions: Mechanical appliances for standing and walking; india rubber bandages; emollient salves; oil; apparatus for extension; Scarpa's shoe; tenotomy; supporting apparatus; kneading; frictions. Local use of electricity is of little or no use, as, in the majority of cases, no reaction at all is observed. Junod's apparatus will increase, momentarily, turgescence and temperature, without, however, having a continuous effect. The general constitution is to be supported by quinine, iron, proper diet, and baths; and several of

the remedies and appliances have to be combined, in many cases, in order to produce a sufficient, if any, effect.

The preceding pages are the short and concise abstract of the principal points contained in the valuable work of Dr. von Heine. We dare say that the author, who has always been considered as the first authority on his subject, has by this work done justice and added to his reputation; nevertheless we feel bound, while admiring his industry, knowledge, and talent, to make some remarks concerning some single statements made by him. First, we think his manner of ascribing to dentition so much power in producing spinal infantile paralysis, as somewhat antiquated; nor do we any more agree with his recommendation of those old fogy animal baths, which have no other preference to any other means of applying warmth except greatly more inconvenient. Further, in our opinion the author limits his subject a little too much. If he had written on those incurable cases of infantile paralysis which are produced by "spinal diseases," he could not have been more rigorous in excluding both those cases which are the consequences of the same pathological process in some other place, say in the medulla oblongata, and their curability. We do not see why the spinal paralysis alone should bear the name and represent the infantile paralysis, the less as the process of resorption of exudations and apoplexies at other places takes the same course as in those cases described by the author. We have but lately observed the case of a child four years old, whose disease set in with convulsions and was followed by squinting, and paralysis of the right arm and leg. This case would be excluded by Dr. Heine, as he appears to have made up his mind that henceforth and for ever, no case shall be named infantile paralysis except such as has its seat in or about the spine. We see no reason why this should be so, the less as the literature on this very subject is young, and a dangerously false step ought to, and still can, be avoided. Whatever the name may be, however, our readers see, that, really, the diagnosis of each case ought to be made separately. Infantile paralysis, "essential paralysis," etc., etc., are just as little the diagnostic names for material alterations, and justified in being classified among diseases, as "paralysis" simple, which is no disease, but a symptom, an altered function of a diseased organ. In future times the diagnosis of "infantile paralysis" will be either hyperæmia, or exudation, or extravasation, etc., etc., of the meninges of the spine, or oblongata, or cerebrum, etc., etc. We shall be enabled to make the more exact anatomical diagnoses the more physiology will have done in explaining the functions of the minute parts of the nervous centres. Great progress has already been made, at all events enough to enable us to get rid of diagnoses of no meaning and no physiological foundation.

As to the curability of the disease, we do not fully agree with the author's views, although our indications and therapeutics have been no others but those given by him from the first to the last. Dr. Heine sees his patients in his institution; patients from every part of the country, of every age, etc., who, at last, after having neglected their case for years, or after having been attended for years, and proved incurable in the hands of their physicians, go to implore the help of a distant specialist. Thus the author is apt to see unfavorable cases only, whereas the average number of cases under the observation of general practitioners is greatly more favorable in regard to the final result. In the course of six or eight months, or a year, we have generally seen, in proportionately fresh cases, either complete recovery, or such a progress in the general state of health, that we sometimes lost sight of the children, being unable afterwards to learn whether in the course of time, and on continuation of the same treatment, the symptoms of paralysis were entirely removed or not. We add these remarks, without detracting from the truth of those made by Dr. Heine on his cases, for the purpose of showing the difference in the severity of cases, and encouraging continued endeavors to restore the lost health.

Reports of Societies.

NEW YORK ACADEMY OF MEDICINE.

SECTION ON SURGERY.

Dr. James R. Wood, President.

RESECTION OF JOINTS.

EXSECTION OF KNEE-JOINT.—RECOVERY. BY DR. JAMES R. WOOD.

(*Continued from page* 195.)

Julia Laley, æt. 30, Ireland, single, domestic, strumous constitution, admitted to Bellevue Hospital, October 22, 1859, with synovitis of the left knee-joint. About six weeks before admission patient fell on the sidewalk, striking her left knee; the joint became soon very much inflamed and swollen from the presence of effusion into its cavity. The pain at the time was intense. Leeches and wet cups were applied to the affected part, and the inflammation gradually subsided, leaving the joint very much disorganized. The condyles of the femur being very much expanded, and bony crepitus being distinctly felt on moving the joint, the operation of resection was determined upon. February 4, 1860, patient being etherized, I made a semilunar incision from the condyles of femur to head of tibia. The flap was carefully dissected back; the crucial ligaments were then divided, the leg flexed upon the thigh, a retractor placed over the post. cul de sac, and the condyles of the femur, with the head of the tibia, were then sawn off. The patella, being very much diseased, was also removed, together with the ligamentum patellæ and the fibrous tissue around it. The superior internal articular artery was the only vessel tied. The bones were then brought together by annealed wire sutures, one being placed at the outer angle, and the other at the inner. The edges of the wound were secured by four silver sutures. The limb was placed in a fenestrated tin splint, with the foot elevated. The patient did very well, and the second day after the operation the wound was found to have united by first intention, except at its angles. March 8.—Wire removed. March 31.—Limb removed from tin splint, and a gutta percha one applied instead, when the patient was allowed to get up and walk about the ward with crutches. The patient was exhibited to the Section, and at that time only a small sinus was left at the superior portion of the knee. This opening has since entirely closed, and the patient is entirely well, with a firm union of the femur and tibia.

FIVE CASES OF EXSECTION OF ELBOW-JOINT. By Dr. James R. Wood.

Case 1.—Alex. Curry, æt. 23, Ireland, carpenter, of strumous constitution, was admitted to Bellevue Hospital, November 18, 1859, with strumous disease of left elbow, and caries of the articulating surfaces of the bones, entering into the composition of the joint. Patient has never been ill until about three years ago, when he was struck with a hammer upon the joint, causing swelling of the part, to which at first he paid but little attention. About the 1st of March, 1859, the arm began to feel numb, and he lost all power of motion of the limb. Acute inflammation shortly afterwards set up in the joint, and about the 14th of June several abscesses formed in the vicinity, which were freely laid open. At date of admission the joint was very far advanced in disease; there were three sinuses communicating with it, and the articulating surfaces of the bones were found to be in a carious condition. November 21, patient being in a good condition, and being placed under the influence of ether, I exsected the joint, by making a letter H incision, carefully separating the triceps from its insertion into the olecranon process, leaving the periosteum as far as it was practicable, and dissecting the flaps back. The olecranon was then cut off with Liston's forceps, and the ulnar nerve

enucleated from the notch behind the inner condyle. The extensor and flexor muscles of the fore-arm were then separated from their origins, and the condyles of the humerus sawn off. Upon further examination the head of the radius was found to be diseased, and was in like manner removed. No vessels were tied. The edges of the wound were then brought together by sutures and adhesive straps, and the limb placed upon a hair cushion. On the 23d of November the edges of the wound had healed by first intention, except a small portion on the posterior surface of the joint. December 3.—Free suppuration was established within the joint; several sinuses had formed, which were freely laid open. December 7.—Pulse 112, elbow very much inflamed; poultice applied, and half an ounce of brandy given every hour with a sufficient quantity of beef tea. December 21.—Pulse 96, and weak; hands clammy; tongue moist; swelling in elbow subsiding; granulation of the sinuses assuming a more florid and healthy aspect. In the course of the following week the inflammation subsided, and the wound took on a healthy action. Bals. Peru was applied instead of the poultice. January 20.—Considerable fibrinous effusion showed itself around the joint, giving it a distorted appearance, and four small sinuses remained. A many-tailed bandage was applied around the limb, and the whole placed in an angular splint. Passive motion was daily made use of. February 20.—The splint was removed, and the patient directed to hold his arm in a sling. Two small sinuses remained, which discharged a fluid resembling synovia. The exudation around the elbow soon after rapidly disappeared. This patient was also presented, and it was found that he could straighten out the limb with ease, and also bring his hand to his mouth. A sinus communicating with a necrosed portion of the humerus was all that was left.

Case 2.—Josiah Rudd, 18 years, New York, of decided strumous constitution, was admitted to the Hospital Nov. 17, 1859, with morbus coxarius of right femur, which had been cured by anchylosis. The left elbow-joint was involved in extensive carious disease, and could be explored through numerous fistulous openings. After admission he rapidly improved upon a tonic course of treatment. On the 8th of January I resected the joint, adopting the H incision. The wound healed rapidly, and for the most part by the first intention. Passive motion was resorted to at the expiration of two weeks, and on the 30th of March the patient was discharged with the wound entirely closed; there was a very considerable power of flexion and extension of the joint, with some rotation.

Case 3.—William Thompson, æt. 10 years, of strumous diathesis, applied to me on the 20th April, 1852, with a disease of the right elbow joint. He was placed under tonic treatment, and sent to the sea-shore, returning in about a month very much improved. An H incision was made dividing the olecranon with Liston's forceps, then the triceps was separated from the olecranon, and in so doing as much of the periosteum was saved as was possible in order that new bone might be deposited. (These expectations were in a measure realized.) The ulnar nerve was then enucleated, then the condyles of the humerus were carefully sawn off, and in like manner the head of the radius and ulna. The parts were brought together by sutures and adhesive straps, and not a single artery was ligated. The lower angles were left open by the introduction of a tent, and the limb was placed upon a hair cushion. The wound healed kindly, and in the course of a fortnight there was but one small sinus remaining from which there was a thin discharge of pseudo-synovia. Passive motion was resorted to with great care, and in the course of two months afterwards, the motion of the joint was so much improved, that the patient could nearly straighten the limb; at the same time, he could without any difficulty seize hold of his nose with his thumb and forefinger. He could also lift with ease a pail containing a gallon of water.

Case 4.—Patrick Hughes, 14 years of age, strumous habit, applied to me for disease of the elbow joint on the sixth of June, 1856. The tonic course of treatment was pursued, and in the course of a few weeks he was in a fit condition to resect the joint. I performed the operation in the same manner as already stated by the H incision. The wound united by first intention except at the point of suture, and at the situation of the tent. The discharge was free for a time, but in the course of three weeks it healed entirely. Passive motion was then carefully practised, and the patient was discharged cured seven weeks after the operation, with very free motion of the joint.

Case 5.—Thomas Jones, æt. 40, a native of N. Y., and a stone cutter by trade, applied to me for treatment on the 20th of April, 1859, with extensive disease of the elbow joint. I proposed amputation, to which he objected, and then after explaining to him the operation for resection, he readily consented, having previously understood, that the operation was, under the circumstances, liable to be attended with no benefit; in which case amputation could be resorted to afterwards. I resected the joint by the H incision. The patient did very well for something like a fortnight, when the disease of the soft parts, which was very extensive, assumed a very formidable character. I then proposed amputation, which he readily consented to, and recovered.

In conclusion, Dr. Wood stated that he had found the performance of the operation much facilitated, when Liston's forceps was used. He did not see the necessity of exposing the ulnar nerve, and maintained that it should never be done.

Exsection of the Elbow-joint. By Dr. Stephen Smith.

Catharine Kearns, 30 years of age, single, domestic, good constitution, was admitted to the surgical wards of Bellevue Hospital, Dec. 9, 1856, for injury to the elbow. About four years before she fell upon the right elbow, causing considerable soreness and severe pain in the joint. Inflammation followed, and she showed the elbow to a physician, who lanced it, three weeks after the injury. From this time it continued suppurating till eighteen months since, when, a small piece of bone being removed, the discharge ceased. The joint now became stiff. Suppuration commenced about six months ago a second time, and last summer it was so painful that she was obliged to abandon her work entirely.

On admission the joint was anchylosed, and the arm nearly in the straight position. It was determined to break up the anchylosis, and establish passive motion. Accordingly the patient was placed under the influence of an anæsthetic, and the anchylosis was readily overcome. The arm was nicely adjusted in a splint, with which it was intended to keep up passive motion, but the joint and adjacent parts became so much inflamed that it was necessary to remove all dressings, and use evaporating lotions and poultices. The arm again gradually assumed the extended position, sinuses formed, which communicated with dead bone both above and below the joint, while the elbow assumed that peculiar fusiform shape, indicative of disease of the articulation. Still no crepitus could be obtained on moving the joint surfaces. Patient was allowed an extra diet, and the medical treatment was tonic, and varied to meet the various indications of the case. A consultation approved of an explorative operation and of exsection of the joint, should the amount of disease exposed in the course of the operation justify it.

The operation was performed on the 27th of May, 1857. A crucial incision was made on the posterior part of the elbow, and the integument laid back in four flaps, exposing the olecranon process. This was found to be diseased, and was removed with the forceps. The joint was now examined and found also in a carious condition, rendering exsection of the joint imperative. The dissection was carefully continued, the condyles of the humerus were then removed by the chain-saw, and afterwards the head of the radius and the upper portion of the ulna on a line parallel with it. The ulnar nerve was not seen during the operation. The wound was dressed by turning back the four

flaps of the integument and uniting them with sutures. There was no pain or numbness complained of in the fingers after the operation.

Fourth day.—Wound united through whole extent by first intention, except at the joint, which has been kept open to allow the discharge; pulse 98, full and soft. Patient can nearly close her hand, and has good use of her little and ring finger, and no numbness—showing that the ulnar nerve has not been injured during the operation; discharge but slight, and the erythema subsiding; some little discharge from the old openings which had communicated with the dead bone.

June 2.—Very little inflammation around wound, and very little discharge from it; syringed out with the Labarraque and water, and kept in the sling. *Sixth day.*—Continues doing well, sleeps well; anodyne of morphine is still given at night, as patient has been in the habit of taking more or less opium to quiet pain. Patient has better use of the forearm than before the operation; discharge from it is now less than ℥ i. in the twenty-four hours; dressed daily.

Eighth day.—General health good; discharge still continues from elbow; no inflammatory swelling about it; discharge about ℥ i.

Twelfth day.—The effusion which had surrounded the joint, giving the elbow a distorted appearance, has been nearly absorbed. The elbow is reduced to its normal size, and the wound united.

This patient returned to service, and so perfectly did the new articulation answer its purpose that it was for a long time unknown to the family which she entered that she had any imperfection in her arm.

Correspondence.

FOREIGN CORRESPONDENCE.

Letter from DAVID P. SMITH, M.D.

EDINBURGH.

AUGUST 13, 1860.

To-day Professor Syme removed an adipose sarcoma hanging from the posterior margin of the axilla. It was very large; incision being required of fifteen inches extent. Chloroform is here given very freely on a napkin, loosely applied to the patient's face. In reply to a question of mine, Prof. Syme said he had never seen a fatal case from chloroform, and that he thought all danger incurred in its use arose from bad management. In closing the wound he used silver sutures, which he remarked he owed America for. An epithelial cancer of the lower lip was removed by an oval incision with scissors instead of our ordinary V-shaped incision, care being taken to unite by suture the skin with the mucous membrane. I was surprised to find that immediately after the operation, although there was considerable loss of tissue, he was able to completely close his lips. I am not sure but that it gives less deformity than the V-shaped incision.

August 14.—Prof. S., after dissecting up the scrotal integuments and joining them with silver sutures over a fungus of the testicle, remarked that he considered it to be a mercurial disease. That in certain systems the use of mercury, which might indeed cure the symptoms for which it was used, in the end produced just this state of things. A child of six months was brought forwards to be operated upon for hare-lip. Prof. S remarked that he did not usually operate upon infants of so tender an age, but that in the present instance the deformity was so great that he considered an early operation very desirable. He first caught the two depending angles of the cleft and the upper lip each with a pair of spring forceps. Letting them hang down by their own weight, the paring of the edges was rendered easier of accomplishment. A piece of wet lint was put upon the cut surfaces, and the child taken away so that the bleeding might cease before the edges were approximated. After the performance of another operation, say in about twenty minutes, the lint was removed, and one hare-lip pin being introduced just above the margin of the lip, the edges were further approximated by the silver suture. A curious case of varicose aneurism was shown which occupied the whole side of the head beneath the ear, projecting into the mouth, under the jaw. Before entrance to the hospital it had been several times punctured through the mouth with needles. Nothing but blood had issued. It was found to be easily compressed, and pervaded by a strong aneurismal thrill plainly perceptible to the hand. This thrill was most plainly felt over the external jugular vein. Pressure on the carotid exercised no influence over it. Prof. S. declined doing anything for it. A girl was shown with an exostosis of the head of the fibula of great size. Prof. S. considered any attempt at its removal as so dangerous on account of the almost certainty of opening the knee joint, that he could advise nothing short of amputation. I now remember to have seen somewhere recently reported, the case of a gentleman upon whom Mr. Liston operated for the removal of a similar but much smaller growth. The man died.

August 15.—To-day Mr. Spence removed a urinary calculus from a boy about fourteen years old by the ordinary lateral operation. The stone was one and three-quarter inches long, by one and a quarter and one inch in short diameters. I have seen in the private practice of Mr. Edwards some very interesting cases of exsection of the joints. One case in particular deserves notice. It is the removal of all the carpal bones for strumous disease. Although but a short time has elaped since the operation the patient, a girl of 12 or 14 years, can sew very well with it, and grasp so small an object as your finger with almost unimpaired prehension. Assuredly excision of the wrist joint will yet be preferred to amputation.

August 21.—Prof. Syme operated for removal of false joint of humerus about five inches above elbow joint. When a case is admitted into the Infirmary, he orders a firm case to be made for the arm of starch and pasteboard, keeping the elbow at a right angle. When this case, which extends from the top of the shoulder to the ends of the fingers, becomes dry, it is removed, an incision made down to the ends of the bone, the fractured ends cut off, and then the arm replaced in this firm case. The wound is easily reached and dressed through a window cut in the case, and this splint is retained upon the arm for a long time.

In the case before us, the arm had been fractured fourteen weeks previous, and there had apparently been no attempt at union. The ends of the bone, not being easily turned out, were removed by cutting forceps. I am of the opinion that the views of Prof. F. H. Hamilton with regard to the cause of this complication of fracture, are correct. Cases occurring in my own practice have shown me the almost impossibility of securing immobility of the upper arm while the elbow joint is flexed. The eminently philosophical suggestion of Professor Hamilton deserves extensive trial.

A few days ago I enjoyed the hospitalities of Prof. Simpson, and saw at his house Dr. Ollier of Lyons, who showed us the results of many experiments he had made upon rabbits, to demonstrate that periosteum is the sole producer of bone. He also showed that periosteum transplanted into different parts of the body of the rabbit would produce bone. I believe it has been noticed in the practice of Dr. Jas. R. Wood of New York, that when his plan of introducing and moving a probe around a sequestrum formed after an amputation has been followed, a large amount of bony matter has been thrown out. Taking, then, these two facts together: 1st. That periosteum produces bone; 2d. That irritation of periosteum by even a probe causes it to throw out a large amount of bony matter; does it not seem that measures unnecessarily severe have been adopted for the cure of false

joint? Why not make a simple incision down to the lesion, and cutting through the periosteum, irritate it at the time of the first incision and every few days thereafter, by introducing a probe underneath it? If subcutaneous incisions of the periosteum, instead of through the bones, be made, I think much more will be accomplished.

August 22.—Mr. Spence showed a case of acute periostitis of the upper part of the humerus. On dilating the fistula leading to it, and introducing the finger, it was found that new bone was forming around the sequestrum. This sequestrum being removed, recovery will, no doubt, be rapid. What a pity that early incision through the soft parts down to the bone, and, if need be, trephining the bone, is not had recourse to early in these cases. Prompt recovery always follows such an operation. A case of mine recently reported in this journal exemplifies this treatment. The stone case recently operated on by this distinguished surgeon is nearly well.

August 31.—A few days ago a man was admitted into the Infirmary laboring under retention of urine. He was relieved for the time, but one night by some turn or other the catheter was broken, the curved extremity remaining in the bladder. The next day Mr. Syme, after endeavoring ineffectually to seize the end of the fragment of the catheter by urethral forceps, cut in the mesial line upon a staff, but on introducing his finger could not, in any way, reach the bladder. A few days after an autopsy showed the existence of an immense tumor beneath the prostate filling up the pelvis to that degree that it was quite impossible to reach the bladder from the perineum. A very anomalous case. I saw Mr. Syme amputate the thigh of a young girl for fungus hematodes of the knee joint, and was much pleased by the simplicity and beauty, if such a term can be applied to such a subject, of the operation. The artery was compressed in the groin by the thumb, and anterior and posterior flaps formed by transfixion. The blood lost was certainly not more than three ounces. A male child, twenty-one months old, was brought to the Infirmary, upon whom lithotomy had been done several months previously by a surgeon in the country. Ever since the operation the urine had passed wholly by the wound, which had become fistulous, and on introducing bougies into the urethra it was found impervious. Mr. Syme introduced a director through the fistula into the bladder, and then, cutting upon that until a staff, introduced through the urethra, could be brought into contact with the director in the fistulous passage, in this way endeavored to re-establish the urethra. It seemed to have been entirely obliterated, as was suspected, by improper bruising or cutting at the time of the lithotomy operation. Time will show us whether any operation is likely to be of any avail. I have seen and assisted, in private practice, in the division of tendons for cure of club feet several times, and have been particularly struck by the strong adhesions that repeated operations have caused to form between the tendon and surrounding parts. I apprehend that a cure should, if possible, be obtained by one division and the use of proper shoes afterwards, for the adhesions add very much to the difficulty of a cure. They will not readily yield.

Phosphorus in Plants.—M. B. Corenwinder read lately before the French Academy of Sciences a *résumé* of his studies on this subject. Young plants give ashes rich in phosphoric acid; but after maturity the grain, or fruit, stalks, or leaves contain but a small proportion. Phosphoric acid in plants is found in close combination with nitrogenous matters. The organs of the plant destitute of nitrogen and not required for its alimentation are also destitute of phosphates; but the pollen of flowers and the spores of cryptogamia contain a considerable portion of phosphoric acid. Marine plants growing on rocks also contain much phosphate.—*Lancet.*

Medical News.

ARMY MEDICAL INTELLIGENCE.

Getty.—Assistant-Surgeon Getty, of the Medical Staff, will accompany Major Shepherd to Texas, and report by letter to the Surgeon-General, and await further orders.

Covey.—Assistant-Surgeon Covey is attached to Major Lynde's command, and will be stationed near the Mimbres.

Ryland.—Assistant-Surgeon Kirtley Ryland is assigned to duty with the troops near the mines of Arizona.

Norris.—Assistant-Surgeon Basil Norris is stationed at Fort Craig, N.M.

Baily.—Assistant-Surgeon E. I. Baily, of the Medical Corps, is relieved from duty with the expedition against the Comanches and Kioways, and will resume his station at Fort Brown. His place in the expedition is to be filled by Assistant-Surgeon I. C. Baily, who will report to Col. Porter for duty.

Clements.—Assistant-Surgeon Clements is assigned to duty at Fort Fauntleroy.

Satterlee.—Surgeon R. S. Satterlee is relieved from duty in the Medical Board to assemble in Baltimore on the 20th inst., and Surgeon Jarvis is detailed in his stead.

Simons.—Surgeon Simons, of the Medical Department, is assigned to duty at Fort Moultrie.

APPOINTMENTS.

Pennsylvania Medical College.—Wm. B. Atkinson, M.D., Assistant Professor of Obstetrics and Diseases of Women.

Louisville Marine Hospital.—W. H. Doane, M.D., Superintendent.

Michigan University.—At a meeting of the Regents, held at Detroit, Sept. 14, the following resolutions were passed:—

"*Resolved*, That Professor A. B. Palmer be appointed Professor of the Theory and Practice of Medicine, of Pathology, and of Materia Medica, with a salary of one thousand dollars.

"*Resolved*, That Professor Moses Gunn be appointed Professor of Surgery and Therapeutics, with the same salary.

"*Resolved*, That Professor Abram Sager be appointed Professor of Obstetrics and Diseases of Women and Children, with the same salary.

"*Resolved*, That Professor Corydon L. Ford be appointed Professor of Anatomy and Physiology, with the same salary.

"*Resolved*, That the Professors named in the four preceding resolutions may make such material exchange or distribution of the duties above assigned as in their judgment shall be best for the interests of the University, and of the students who may attend the medical lectures.

DEATHS.

Death of Surgeon Byrne.—Surgeon Bernard M. Byrne, of the United States Army Medical Staff, and for three years Attending Physician at the Fort Moultrie Station on Sullivan's Island, died at that place, a few days ago, of typhoid fever. He was a native of Ireland, but came to this country at an early age, and graduated with distinction at the University of Maryland. After completing his medical course, he was appointed Assistant Surgeon in the United States Army, and stationed at Fort Monroe on the 20th of May, 1836, under Col. J. L. Gardner, who is now in command at Fort Moultrie. In Mexico he was Medical Director for his department of the army. He was in the battles of Palo Alto, Resaca de la Palma, Monterey, Saltillo, and Buena Vista. He bore Ringgold from the field when he was fatally wounded. Dr. Byrne's name frequently received honorable mention from Generals Taylor, Wool, and other officers to whose division he was attached. As a writer, Dr. Byrne was peculiarly gifted. While quite

a young man, he published, in 1833, a work entitled "An Essay to Prove the Contagious Character of Malignant Cholera." This production had peculiar merits, and written in a clear, vigorous style, was read by many, and very much liked. After the lapse of twenty-two years, in 1855, Dr. Byrne brought out a second edition, giving additional facts and notes. The book can be occasionally obtained, and is well worthy the perusal of the thinking, reading men of our profession.

Denton.—On Aug. 17, Samuel Denton, M.D., Professor of the Theory and Practice of Medicine in the University of Michigan, at Ann Arbor, Mich.

Hampton.—At Brighton, N. J., Isaac H. Hampton, M.D.

Errata.—Page 181, third paragraph, line 30, second column, for "vermilion *line*," read vermilion *hue*. Same page and paragraph, fifth line from the close, for "*offering* thus in public," read *appearing* thus in public.

Page 183, line seventeen from top of page, first column, for "the *outer* and pulmonic artery," read *aorta* and pulmonic artery. The same error occurs below on the same page. Same page, second column, line second from top, for "roughness is a distinctive characteristic," read *want of* roughness. Same page, second paragraph, line three, for "was *just* suggested," read was *first* suggested.

Page 185, second column, last line of page, for "*Mere* charities," read *These* charities.

Prof. Draper of the University Medical College has returned from his foreign tour; Prof. Metcalfe, of the same faculty, is daily expected.

Atlanta Medical and Surgical Journal.—With the commencement of the sixth volume Drs. John P. Logan and W. F. Westmoreland retire from its editorship, and Dr. J. G. Westmoreland becomes sole editor and proprie-tor.

The Philadelphia Hospital has opened its wards for clinical instruction free of charge to the students.

It is stated, on the authority of the *Philadelphia Reporter*, that that journal "has become the leading medical periodical of America"!!

The Eastern Dispensary has removed to the new rooms in the east end of the second story of the Market Building, No. 57 Essex Street, corner of Grand. On account of the unfinished state of the apartments, the treatment of patients able to walk to the office must be discontinued for the present, but the sick at their houses will be attended as usual by the visiting physicians. The house physician will be at the rooms daily, from 8 A.M. to 3 P.M., for vaccination, and for supplying vaccine lymph, also for the treatment of serious injuries, and such urgent cases of disease as may be presented, sending patients to the hospital, &c.

A Verdict for $2,500 Damages for Malpractice.—A suit for Malpractice was prosecuted in the court of common pleas of this county at the last term by a young man who was the subject of an oblique fracture of the middle third of the femur. He alleged unskilfulness of his physician, and produced his limb in testimony, which was much shortened, the ends of the bones having united so as to form an obtuse angle; we did not examine the case or hear all the testimony, but we were amused at the surgical erudition displayed by the attorneys in examining witnesses and making their argument. They as usual *presumed* to know everything, and *assumed* that the physicians knew nothing. In many respects these are very unfortunate cases for the profession. In other respects they may benefit us. Suits for malpractice should warn every physician never to promise a perfect cure, as was alleged the physician promised, and re-assured the patient of, in this case, and it should also teach physicians not to permit jealousy or imaginary self-interest or any other motive to prevent a consultation in any case of grave fracture. He should remember there was wisdom and safety in consultation. Such cases may do the profession a greater benefit by reminding the empiric that his ill-gotten gains may, in an hour when he least expects it, be resorted to, at least, by one of his dupes.—*St. Joseph Med. and Surg. Jour.*

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK,

From the 8th day of September to the 15th day of September, 1860.

Deaths.—Men, 91; women, 76; boys, 168; girls, 139—total, 474. Adults, 167; youths, 15; children, 292; males, 259; females, 215; colored, 8. Infants under two years of age, 224. Among the causes of death we notice:—cholera-infantum, 66; congestion of brain, 9; infantile convulsions, 27; croup, 6; diarrhœa, 20; dysentery, 7; scarlet fever, 22; typhus and typhoid fevers, 8; inflammation of brain, 16; of bowels, 4; of lungs, 26; small-pox, 6; consumption, 50; dropsy of head, 10; infantile-marasmus, 41; old age, 13. Classification:—brain and nervous system, 85; respiratory, 112; digestive, 159.

Sept.	Barometer.		Out-door Temperature.			Difference of dry and wet bulb. Thrm.		General direction of Wind.	Mean amount of cloud.	Rain.
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	°	°	°	°	°		0 to 10	In.
9th.	29.87	.11	55	50	63	9	12	N. E.	5	74
10th.	29.91	.03	57	48	66	9	13	W.	2	
11th.	29.87	.18	58	52	67	9	13	S. W.	10	20
12th.	29.80	.10	52	46	58	8	12	N. W.	6	
13th.	30.08	.29	59	51	68	10	15	N. W.	8	
14th.	30.22	.17	62	54	70	10	11	W.	9	
15th.	30.20	.06	69	58	80	6	10	S.	05	

MEDICAL DIARY OF THE WEEK.

Monday, Sept. 24.
- City Hospital, Surgery, Dr. Watson, half-past 1 P.M.
- Bellevue, Obstetrics, Dr. Barker, half-past 1 P.M.
- Eye Infirmary, Diseases of Eye, 12 M.
- Coll. Phys. & Surg.—Prof. Parker Surgical Clinic, 11 A.M.
- Univ. Med. Coll.—Dr. Thomas, Medicine, 11 A.M.
- " " Dr. Aylett, Physiology, 12 M.
- " " Prof. Bedford's Clinique, 2½ P.M.
- N. Y. Med. Coll.—Prof. Raphael, Surg. Clinic, 11 A.M.
- " " Prof. Reese, Hygiene, 12 M.
- " " Prof. Bronson, Visceral Anat., 3 P.M.

Tuesday, Sept. 25.
- City Hospital, Surgery, Dr. Markoe, half-past 1 P.M.
- Eye Infirmary, Diseases of Ear, 12 M.
- Ophthalmic Hospital, Drs. Stephenson & Garrish, 1 P.M.
- Bellevue Hospital, Dr. Elliot, half-past 1 P.M.
- Coll. Phys. & Surg.—Prof. St. John, Meteorology, 10 A.M.
- " " Dr. Conant, Anat. of Brain, 11 A.M.
- " " Prof. Watts, Org. Spec. Sense, 12 M.
- Univ. Med. Coll.—Prof. Draper, Poisons, 11 A.M.
- " " Dr. Gouley, Micros. Anat., 12 M.
- N. Y. Med. Coll.—Prof. Raphael, Venereal Dis., 11 A.M.
- " " Prof. Carnochan, Amputations, 12 M.
- " " Prof. Jacobi, Children's Clinic, 3 P.M.

Wednesday, Sept. 26.
- Eye Infirmary, Operations, 12 M.
- City Hospital, Medicine, Dr. Bulkley, half-past 1 P.M.
- Bellevue, Surgery, Dr. Meir, half-past 1 P.M.
- Pathological Society, 8 P.M.
- Coll. Phys. & Surg.—Prof. St. John, Meteorology, 10 A.M.
- " " Prof. Gilman, 11 A.M.
- " " Prof. Watts, Org. Special Sense, 12 M.
- " " Dr. Detmold, Surg. Clinic, 2½ P.M.
- Univ. Med. Coll.—Dr. Donaghe, Vener. Disease, 11 A.M.
- " " Dr. Aylett, Physiology, 12 M.
- " " Dr. Thomas, Med. Clinic, 2½ P.M.
- " " Prof. Van Buren, Clinc, 3½ P.M.
- N. Y. Med. Coll.—Prof. Gardner, Clin. dis. Fem. 11 A.M.
- " " Prof. Jacobi, Dentition, 12 M.
- " " Prof. Doremus, Endosmose, 3 P.M.

Thursday, Sept. 27.
- Ophthalmic Hospital, Drs. Stephenson & Garrish, 1 P.M.
- City Hospital, Surgery, Dr. Watson, half-past 1 P.M.
- Bellevue, Medicine, Dr. Thomas, 12 M.
- Univ. Med. Coll.—Prof. Draper, Poisons, 11 A.M.
- " " Dr. Gouley, Micros. Anat., 12 M.
- Coll. Phys. & Surg.—Prof. Clark, Med. Clinic, 11 A.M.
- " " Dr. Bumstead, Venereal, 12 M.
- N. Y. Med. Coll.—Prof. Budd, Oper. Midwifr. 11 A.M.
- " " Prof. Carnochan, Surg. Clinic, 12 M.
- " " Prof. Raphael, Venereal, 3 P.M.

Friday, Sept. 28.
- City Hospital, Surgery, Dr. Markoe, half-past 1 P.M.
- Eye Infirmary, Diseases of Eye, 12 M.
- Coll. Phys. & Surg.—Prof. St. John, Meteorology, 10 A.M.
- " " Prof. Gilman, ——— 11 A.M.
- " " Prof. Watts, Org. Special Sense, 12 M.
- Univ. Med. Coll.—Dr. Thomas, Medicine, 11 A.M.
- " " Dr. Gouley, Micros. Anat., 12 M.
- N. Y. Med. Coll.—Prof. Bronson, Visceral Anat., 11 A.M.
- " " Prof. Gardner, Dis. of Breast, 12 M.
- " " Prof. Jacobi, Children's Clinic, 3 P.M.

Saturday, Sept. 29.
- Bellevue, Surgery, Dr. Mott, half-past 1 P.M.
- Ophthalmic Hospital, Drs. Stephenson & Garrish, 1 P.M.
- City Hospital, Medicine, Dr. Bulkley, half-past 1 P.M.
- Eye Infirmary, Diseases of Ear, 12 M.
- Coll. Phys. & Surg.—Prof. St. John, Meteorology, 10 A.M.
- " " Dr. Conant, Anat. Brain, 11 A.M.
- " " Dr. Bumstead, Venereal, 12 M.
- Univ. Med. Coll.—Dr. Thomas, Medicine, 11 A.M.
- " " Dr. Gouley, Micros. Anat., 12 M.
- N. Y. Med. Coll.—Prof. Reese, Medical Clinic, 11 A.M.
- " " Prof. Carnochan, Clinic, 3 P.M.

University of New York, Medical

Department. Session, 1860-61.

The Session for '60-61 will begin on Monday, October 15, and will be continued until the 1st of March.

FACULTY OF MEDICINE.

REV. ISAAC FERRIS, D.D, LL.D., Chancellor of the University.
VALENTINE MOTT, M.D., LL.D., Emeritus Professor of Surgery and Surgical Anatomy, and Ex-President of the Faculty.
MARTIN PAINE, M.D., LL.D., Professor of Materia Medica and Therapeutics.
GUNNING S. BEDFORD, M.D., Professor of Obstetrics, the Diseases of Women and Children, and Clinical Midwifery.
JOHN W. DRAPER, M.D., LL.D., Professor of Chemistry and Physiology, President of the Faculty.
ALFRED C. POST, M.D., Professor of the Principles and Operations of Surgery, with Surgical and Pathological Anatomy.
WILLIAM H. VAN BUREN, M.D., Professor of General and Descriptive Anatomy.
JOHN T. METCALFE, M.D., Professor of the Institutes and Practice of Medicine.
J. W. S. GOULEY, M.D., Demonstrator of Anatomy.
J. H. HINTON, M.D., Prosector to the Professor of Surgery.
ALEXANDER B. MOTT, M.D., Prosector to the Emeritus Professor of Surgery.

Besides daily Lectures on the foregoing subjects, there will be five Cliniques, weekly, on *Medicine, Surgery,* and *Obstetrics.*

The Dissecting-Room, which is refitted and abundantly lighted with gas, is open from 8 o'clock, A.M., to 10 o'clock, P.M.

Fees for a full Course of Lectures, $105; Matriculation fee, $5; Graduation fee, $30; Demonstrator's fee, $5.

New York Medical College,

No. 90 East 13th st., near 4th Avenue.

Eleventh Session—1860-61.

FACULTY.

R. OGDEN DOREMUS, M.D., Professor of Chemistry.
J. M. CARNOCHAN, M.D., Professor of Clinical and Operative Surgery.
D. MEREDITH REESE, M.D., LL.D., Professor of Theory and Practice of Medicine and Medical Jurisprudence.
B. J. RAPHAEL, M.D., Professor of Principles and Practice of Surgery and Surgical Pathology.
A. K. GARDNER, M.D., Professor of Clinical Midwifery and Diseases of Females.
JNO. O. BRONSON, M.D., Professor of Anatomy.
CHAS. A. BUDD, M.D., Professor of Principles and Practice of Midwifery.
A. JACOBI, M.D., Professor of Infantile Pathology and Therapeutics.
BERN L. BUDD, M.D., Professor of Toxicology.

*** The Professorships of Physiology, of Materia Medica, and of Clinical Medicine will be filled in time for the opening of the Session.

FOWLER PRENTICE, M.D., Demonstrator of Anatomy.
THOS. H. WHITNEY, M.D., Assistant Demonstrator of Anatomy.
JAMES H. BRUSH, M.D., Prosector to the Professor of Surgery.
SIMEON ABRAHAMS, M.D., Assistant to the Professor of Surgery.
A. W. WILKINSON, Assist. to the Professors of Chemistry and Toxicology.

The Preliminary Course will open on Monday, Sept. 17th, with daily Lectures and Cliniques by the *Faculty.*

The Regular Session for 1860-61 will commence on Wednesday, October 17th, and will continue till the middle of the following March.

Demonstrative and practical teaching will be a distinctive feature in this school. There will be Cliniques daily in Medicine, Surgery, and Obstetrics.—Especial attention will be paid to Analytical Chemistry, Operative Surgery, and Practical Anatomy.

Fees:—For a full Course of Lectures $105.
" Matriculation . . . . 5.
" Final Examination . . 30.
" Demonstrator's ticket . 5.

Good boarding may be had in the vicinity of the College at from $3 to $4 per week. R. OGDEN DOREMUS, M.D., Dean of the Faculty.

College of Physicians and Surgeons,

Corner 23d Street and Fourth Avenue, New York.

Fifty-fourth Session—1860-61.

EDWARD DELAFIELD, M.D., President of the College, and Professor Emeritus of Obstetrics.
ALEXANDER H. STEVENS, M.D., LL.D., Professor Emeritus of Clinical Surgery.
JOHN TORREY, M.D., LL.D., Professor Emeritus of Chemistry & Botany.
JOSEPH MATHER SMITH, M.D., Professor of Materia Medica and Clinical Medicine.
ROBERT WATTS, M.D., Professor of Anatomy.
WILLARD PARKER, M.D., Professor of the Principles and Practice of Surgery and Surgical Anatomy.
CHANDLER R. GILMAN, M.D., Professor of Obstetrics, the Diseases of Women and Children, and Medical Jurisprudence.
ALONZO CLARK, M.D., Professor of Pathology and Practical Medicine.
JOHN C. DALTON, JR., M.D., Professor of Physiology and Microscopic Anatomy.
SAMUEL ST. JOHN, M.D., Professor of Chemistry.
THOS. M. MARKOE, M.D., Lecturer Adjunct to the Professor of Surgery.
GEORGE T. ELLIOT, M.D., Lecturer Adjunct to the Professor of Obstetrics.
HENRY B. SANDS, M.D., Demonstrator of Anatomy.

The Fall Course for 1860, will commence on Monday, September 24th, and continue until October 22d. This Course free to the Matriculated Students of the College.

The Regular Session for 1860-61 will commence on Monday, the 22d of October, 1860, and will continue till the middle of March following.

Fees for a full Course of Lectures $105. Graduation Fee, $25. Demonstrator's Fee, $5. Matriculation Fee, $5.

JOHN C. DALTON, JR., M.D., Secretary of the Faculty.

LONG ISLAND COLLEGE HOSPITAL,

BROOKLYN, N.Y.

The Course preliminary to the Session

of 1861 will begin on the 18th of February, and the *Regular Lectures* on the 18th of March, to continue sixteen weeks.

REGENTS.

Hon. SAMUEL SLOAN, Pres. | T. H. RODMAN, Esq., Sec.

COUNCIL.

T. L. MASON, M.D. | C. L. MITCHELL, M.D.
W. H. DUDLEY, M.D. | J. H. HENRY, M.D.

PROFESSORS.

AUSTIN FLINT, M.D., Practical Medicine and Pathology.
FRANK H. HAMILTON, M.D., Principles and Practice of Surgery.
JAMES D. TEASK, M.D., Obstetrics and Diseases of Women and Children
R. OGDEN DOREMUS, M.D., Chemistry and Toxicology.
JOSEPH C. HUTCHISON, M.D., Operative Surgery and Surgical Anatomy.
JOHN C. DALTON, M.D., Physiology and Microscopic Anatomy.
DEWITT C. ENOS, M.D., General and Descriptive Anatomy.
EDWIN N. CHAPMAN, M.D., Therapeutics and Materia Medica.
GEORGE R. SMITH, M.D., Demonstrator of Anatomy.

Every facility afforded for Dissection throughout the year.

Clinical Lectures daily, except Sunday, on Medicine, Surgery, and Obstetrics, for which ample material is furnished in the Lying-In Wards and General Hospital under the same roof.

Professor FLINT will give careful instruction in *Auscultation and Percussion,* and the art of *Diagnosis* in general.

Professor HAMILTON, in his Regular Course, will dwell especially on *Dislocations and Fractures,* and in his Preliminary Course will give a series of *Lectures on Military Surgery.*

As far as practicable, Instruction in every department will be by Demonstration.

FEES.—Full Course, $100 00; Matriculation, $5 00; Demonstrator's, $5 00; Graduation, $25 00.

Atlanta Medical College.—Preparatory Course.

In addition to the regular Course of Lectures, which opens on the first Monday in May, a Preparatory Course of Instruction has been established, the third Session of which will commence on the first Monday in November next, and continue until the last of the following February.

Lectures will be given daily by the regular Professors of the College, with Examinations and Dissections, and Clinical Lectures, conducted as in the regular Summer Course of Lectures.

This Preparatory or Winter Course will not count as a full Course in the requisites for graduation; neither is it obligatory, in order to be admitted to examination at the end of the Summer Term.

The fee for the Course is FIFTY DOLLARS, which amount will be deducted from the fees demanded of those who may take the regular Summer Course.

For further information, address
ATLANTA, Ga., Sept., 1860. J. G. WESTMORELAND, Dean.

Geneva Medical College.—The Session

of 1860-61 will begin on Wednesday, the 3d day of October, 1860, and continue sixteen weeks.

Faculty.

JOHN TOWLER, M.D.,
Dean and Registrar.
JAMES HADLEY, M.D.,
Emeritus Prof. of Chemistry and Pharmacy.

JOHN TOWLER, M.D., Professor of Chemistry and Pharmacy.
FREDERICK HYDE, M.D., Prof. of Principles and Practice of Surgery.
GEORGE BURR, M.D., Prof. of General and Special Anatomy.
CALEB GREEN, M.D., Prof. of Physiology and Pathology.
HIRAM N. EASTMAN, M.D., Professor of the Practice of Medicine and Materia Medica.
JOSEPH BEATTIE, M.D., Professor of Obstetrics, Diseases of Women and Children, and Medical Jurisprudence.
LYMAN W. BLISS, M.D., Demonstrator of Anatomy.

Fees, Payable in advance.—Matriculation (payable once), $8. Tickets for the whole Course, $82. Graduation, $20. Demonstrator's ticket, $3. Anatomical Material, $5.

Further information may be obtained by addressing
J. TOWLER, Dean of Faculty, Geneva, N.Y.

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Sept. 18, 1860.